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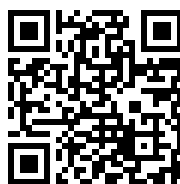
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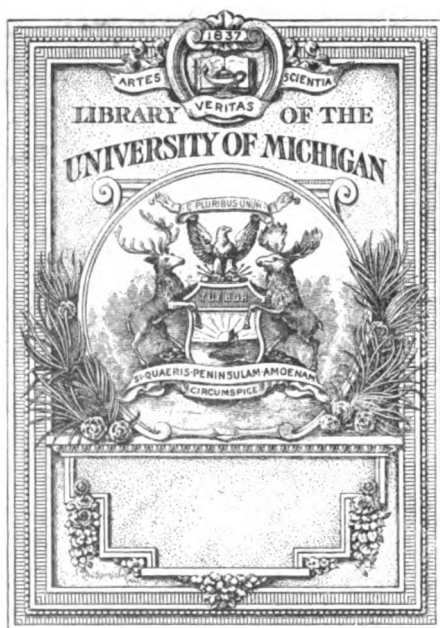
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# Journal of Homœopathics

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EDITED BY

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## DEPARTMENT OF MATERIA MEDICA.

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### LILIUM TIGRINUM.

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Lecture delivered by PROF. J. T. KENT, at the Post-Graduate School.\*

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So far as proved *Lilium tigrinum* has shown itself adapted to the complaints of women more than to complaints such as are common to men. It is especially suited to hysterical women, who suffer from uterine troubles, cardiac troubles and various nervous manifestations mixed up together; suitable to a woman who is extremely irritable, "crabbed," full of all sorts of fanciful notions, insanity, religious melancholy and imaginations, with cardiac affections and prolapsus. These conditions often alternate; when the mental symptoms are most marked the physical symptoms are relieved. The "dragging down" that is associated with prolapsus seems to be a dragging down from the region of the stomach, and even sometimes from the throat. A bearing down from the throat, as if all the interior organs were dragging down, or hanging down. With this state of extreme relaxation there is great nervousness and fidgetiness and, most marked of all, palpitation. She can lie only on the back, and is aggravated from lying on either side. From every emotion the heart flutters, and is irregular and excitable. These mental symptoms and

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\* Stenographically reported by Dr. S. Mary Ives.

heart symptoms and uterine symptoms often rotate or alternate, and constitute the principal features of the symptoms of *Lilium tigrinum* patients.

She can hardly speak a decent word to anybody. She will snap even when spoken to kindly. She is so irritable that her friends cannot pacify her. Even consolation aggravates. When spoken to she is irritable. Extremely crabbed. She lies awake nights, and is tormented either by fanatical religious ideas, or a religious melancholy, and seems inclined to dwell upon insane ideas concerning religion and modes of life, unreasonable, illogical and fanciful. Has wrong ideas concerning everything. Receives wrong impressions and everything is inverted. It is impossible to please her. Now these states are present, with a state of irritability of the sexual organs, nymphomania; violent sexual excitement associated with spasms, with palpitation, with sweats, with periods of exhaustion. She sits alone and broods over imaginary troubles, and when spoken to is crabbed. "Ideas not clear; they become more so if he exercises his will." "Makes mistakes in writing, in speaking, cannot apply the mind steadily; tormented about her salvation."

The patient tries to describe an indescribable feeling by saying she has a "crazy feeling" in the head, as if the ideas scattered, and the more she attempts to think rationally the more irrational she becomes. The more she attempts to think of something the less likely she is to recall it. When putting the mind upon something else it comes back again. This remedy has all kinds of symptoms from sexual indulgences in overwrought and nervous women, from sexual excitement, causing confusion of mind with palpitation.

It says in the text: "Listless, inert, yet does not want to sit still." This patient will sit still and brood and think over the past, and when spoken to will jump up and run hastily and excitedly and slam the door without any cause; when spoken to kindly by members of the family, or a friend, it seems that she will go wild. A patient once under an aggravation from this remedy said to me: "I was spoken to to-day in a street car, and I was so mad I wanted to fling something at his head." She was thinking over something about herself, and did not want to be

disturbed. It is a violent state of temper, a violent state of irritability, a loss of balance. She says: "It seems as if I must fly when spoken to or disturbed." When coming in contact with her friends she has these feelings. The contact seems to arouse her out of a state of lassitude and quietness. All sorts of queer things occur in this remedy. The sensations described in the text are so vague and so varied that you can see that it is an effort on the part of the provers to describe what they feel. The sensations are numerous and indescribable.

This patient very commonly is a warm-blooded patient. She is a good deal like the *Pulsatilla* patient; warm blooded, wants a cool room, likes to walk in the open air, except at times when the prolapsus is aggravated by walking. The head is generally relieved by moving about in the open air. You will see in the text that one of these aggravation marks is wrongly put. Under "fulness of head" on page 54, "< when walking in the open air," should be "> when walking in the open air." The headache and most of the complaints are relieved from cold, or from a cool room, and aggravated from warm clothing and from a warm room. The dyspnoea comes on markedly in a warm room. The patient suffocates in a crowded room, in the theatre, in church, like *Apis*, *Iodine*, *Kali-hyd.*, *Lyc.* and *Puls.*

A crazy feeling comes up from the back of the head to the top of the head. What that is only one that feels it can describe. It is described sometimes as a tingling, electric sensation, as if under the gentle influence of a galvanic machine. A slight tingling comes up the back of the head and goes to the top, and is associated with vertigo. When you come to sift that thought it really brings nothing to the mind. Very often you have to get those things clinically, and think about them to get at the idea that is meant. The pains in the forehead are very marked, and they are associated with great disturbance of vision, a loss of vision, the room looks dark, or the eyes are unable to focus. Nervous disturbance of vision, photophobia, twitching of the lids, jerking about of the eye balls, and inflammation of the mucous membrane of the eyes, of the lids and ball; conjunctivitis. Very often with the complaints of the head the eyes are turned in, a convergent strabismus, or there is threatened syncope, with the pain in the

forehead. By all these things mentioned you will see what an over-sensitive, extremely nervous, hysterical person the *Lilium tig.* patient must be. These things are commonly associated with patients who are extremely nervous, who have fluttering of the heart, who have pain down the spine, and more or less prolapsus, with a great sense of dragging down. When one condition is present, the other is commonly absent; they alternate, or they may exist all together.

"Wild feeling in the head, as tho' she would go crazy, with pain in the right iliac region." These provers seemed to like the expression "crazy feeling in the head, as if she would go crazy." That crazy feeling is a confusion of mind, as if the mind were quite unable to concentrate itself. That is what is interpreted by this crazy feeling the patients have. It is sometimes like a vertigo, as if all things were going round, or as if she would lose her mind. Then it comes again as a terrible, tearing headache, described as a crazy headache in the forehead. Headache in which there is confusion of the mind, or as if the mind would go crazy.

We can pass along and skip some of the more common things until we come to the abdomen. The abdomen, stool, urinary and sexual organs, furnish us a field for the use of this medicine. The whole abdominal viscera seem to be in a state of dragging down from as high up as the stomach. The patient wants to hold up the abdomen, pendulous abdomen. It seems as if the pelvic organs would protrude. The patient must lie down, wants to wear a T bandage. Wants to grasp the abdomen from the sides and lift up for some sort of support. It is a sensation of weakness or bearing down in the pelvis as if everything were coming into the world through the vagina.

This remedy has a very urgent diarrhoea, driving the patient out of bed in the morning; he cannot get to the commode or closet quick enough; he must make great haste. You may get this confused with *Sulphur*, because *Lilium tig.* has great heat in the head, emptiness in the stomach, and great burning of the palms and soles. It has also a dysentery that you will hardly be able to distinguish from *Merc. cor.*, so marked is the tenesmus, mucus and blood. The stool is merely a drop of mucus mingled



with blood, and the tenesmus is as great and the burning in the anus as marked as in *Merc. cor.* It is especially suited for those attacks of dysentery that come on as an occasional chronic manifestation in nervous patients such as I have described. Now, do not think that because this patient is nervous that she is weak, or liliputian, or lean; for it is especially suitable for those with full veins; apparently plethoric, full blooded, fleshy, rotund women who are very nervous, and especially at the change of life. Recurrent dysenteric attacks with every cold in those who suffer from pelvic and abdominal relaxation, mental irritability as described, palpitation and fluttering of the heart, with nervous constitutions. You do not see *Merc. cor.* in such a picture. If it were a dysentery alone I would not be able to tell which it was. All of these dysenteric manifestations have been left out of the *Guiding Symptoms*, yet I have seen them verified over and over. Again, it has a most inveterate and troublesome constipation.

It has also a tenesmus of the bladder and rectum. Teasing to urinate, as well as urging to stool. Sits a long time with much urging, and after long straining no stool. Frequent urging, with a sensation as if a ball were in the rectum. When the fundus of the uterus is turned back to the rectum it gives a sensation as if the rectum were full of feces; it brings on urging to stool and the patient will sit and strain, and the tenesmus of the bladder and rectum is unbearable. Constant urging to stool, and no stool in the rectum. You will be astonished to know that the medicine that is indicated with such symptoms will relieve the patient of all distress in a short time. But you ask, will this medicine really go in there and work the purpose of a sound, and put the uterus right again? Well, the patient will get relief of her sufferings and will not feel this uncomfortable state after the administration of the medicine. The bowels become regular, the disturbance of micturition is relieved and the patient gradually returns to health.

"Pressure in the rectum, with almost constant desire to go to stool." On this symptom alone *Lilium tigrinum* has cured the most inveterate protruding hemorrhoids with burning. "Hemorrhoids after delivery, sore to touch, bearing down after stool as if all would protude from the vagina." It does not mean that we shall apply that simply to hemorrhoids that come after delivery,

but it has cured hemorrhoids in such a constitution, and not only hemorrhoids, but relaxed uterus and vagina.

A paralytic relaxation is present in all the abdominal tissues. I have mentioned the uterine symptoms incidentally in connection with other parts. "Menses scanty, flow only when moving about." This will make you think of *Puls.*, the menses being so scanty, and because the *Puls.* patient is of a similar nervous temperament. *Puls.* has scanty menstruation and relief in the open air. It has also much dragging down in the pelvis, though not so extreme as a rule as in this medicine. But there is much in this medicine quite different from *Puls.*

Then come the heart symptoms. "Seems as if the heart were grasped or squeezed in a vise, hard, as if violently grasped." "Constrictive pain in the heart." "In fresh air, chilly, but vertigo is >."

Pain in the back and down the whole spine; irritable and sensitive spine with trembling. It competes very closely with *Platina*.

## THANKSGIVING DAY AT GRANDMA CARBON'S.\*

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There was great excitement at the old Carbon homestead. It was Thanksgiving Day, and upon this particular Thanksgiving Day the Carbon family were having a family reunion.

When the invitations were sent out no one could find the addresses of Bismuth carb., Cuprum carb., Titanium carb. and Zinc carb., so they were of necessity slighted, but all the other branches of the family were invited.

Maganum carb. had fallen into a despondent condition; she was low spirited, even joyous music did not please her, and as for the dinner she had a decided aversion to food and always felt as though she had eaten too much, the vexations of life were too

\* Lecture delivered at Philadelphia Post-Graduate School of Homeopaths. Reported by Dr. Geo. M. Cooper.

real for her to indulge in any merry-making, so she sent regrets.

Mrs. Plumbum carb. had become so thoroughly one of her husband's family that you couldn't tell her from a Plumbum. She had lost all interest in the Carbons, therefore she also sent regrets. With these exceptions all the invited were on hand. You should have seen dear old Grandma Carbo veg. as with her twin sister, Carbo an., she received her guests. She wasn't very strong, poor thing, she was just taking her usual morning nap in her chair when the clamor of the arriving guests awakened her; she snatched her fan and hastened out to the porch to welcome them; the poor old soul was afflicted with asthma and always carried her fan even in the open air. Grandma had a weak voice which soon gave out upon exertion, so her greeting was expressed by her smiling, pale face and she left most of the talking for the younger people. Aunt Carbo animalis wasn't much stronger than Grandma Carbo veg.; she never did have much strength or energy and now in her old age had developed carcinoma which did not improve matters, but "in union there is strength" and it took the united strength of the two old ladies to do justice to the occasion.

A fine array of children and grand-children, nephews and nieces came trooping to meet the old ladies. Fat Ammonium carb., with her scrofulous children; hysterical Baryta carb., with her poor little dwarfish child, dwarfed in mind as well as body; Calc. carb., fair, fat and flabby, with her fat, self-willed children; dark haired, asthmatic Kali carb., weak in spite of her obesity, with no children at all, though it wasn't her fault, poor thing; weak-eyed Lithium carb.; nervous Magnesia carb., irritable as ever; Natr. carb., who for once had laid aside her dislike for exercise and the open air; and Strontiana carb., with her bundled up children, had all come to celebrate this Thanksgiving with Grandma Carbon.

Dinner was all prepared, but there was some delay in seating the guests, for the children after an hour's play needed a little cleansing to make them presentable. Now, it happened that the little Ammonium carbs were exceedingly hæmorrhagic in their nature; it also happened that they were exceedingly averse to being washed, and when the cleansing process began their noses began to bleed and they began to cry. Grandma induced them to stop

crying by bribing them with candy, of which they were very fond, and Mrs. Ammonium carb. finally succeeded in stopping the epistaxis; so with red, spotted faces, blue hands and swollen veins, but clean, they were at last ready.

Tiny Baryta carb. needed no washing; the Calc. children had tried to quarrel with her; she was shy of strangers and had hidden in the corner and kept so still that there was not a speck of dirt upon her; not so with the Calc. carb. children, they had stumbled around wherever their weak little legs had chosen to carry them and had fallen just as often as those same little legs had given out under them or the little toes had stumbled against some slight elevation. But each had found his heart's desire, and when they appeared before the eyes of the assembled relatives one was nibbling a piece of chalk, another was treating a bit of coal in the same manner, while the third was gnawing away at a raw potato, much to the horror of Kali carb., who was a great sufferer from indigestion and had to be very careful what went into her stomach. Mrs. Calc. soon transformed the dirty little folks into sweet-faced, rosy-cheeked chubs and brought them to the table.

Grandma Carbon had seated the guests according to their needs; weak-eyed Lithium carb. was placed in a shaded corner; Natrum carb., who had been afflicted with sunstroke years before and had never fully recovered from the effects of it, was given the coolest corner; while Strontium carb. was given the seat nearest the fire, for she is in danger of apoplexy if a draft touches her or she don't keep warm. Grandma Carbon's dining-room was built with a sky-light and no windows; in that way she avoided all drafts; many of her children were sensitive to air, though she herself couldn't get too much of it.

This was a glorious Thanksgiving dinner. It was not a modern affair, with an endless number of courses, but one of the old-fashioned kind such as our Puritan forefathers indulged in. There was plenty of everything that the market could afford and all was prepared to suit the taste of the guests. The foods to which a guest had an especial aversion were placed as far as possible from that guest; for instance, all of the sweets, the fruits, and especially the plums, were placed at a distant point from the Baryta carbs; the meats were kept away from the Kali carbs.,

Calc. carbs and Strontium carbs; the milk was not placed near the Natrum carbs or Calc. carbs, etc. On the other hand, if there was a dish that a guest especially liked it was placed in her vicinity.

No one could describe that table or tell all that was upon it; everyone's pleasure had been consulted. There was bread, cold food and plenty of sugar lumps for the Ammonium carbs; Grandma had a notion that the sugar loaf cubes were purer than candy; there were eggs, sour things, salt things, sweets and ice-cream for the Calcs; sour things, sweet things and sugar for Kali carb.; meat, bread and fruit for Magnesia carb. Neither was Grandma forgetful for the thirst of her guests, for she had provided cold water for Natrum carb., Magnesium carb. and Calc. carb.; beer for Strontiana carb. and lemonade for the Calcs, besides several acid drinks for Magnesia carb. and Kali carb.

When all were seated Grandma Carbon cast an affectionate glance down the long table and told her children that she thought each should tell what particular thing she had to be thankful for, and set the example by saying she herself was extremely thankful that so many of her family had once more been permitted to gather at her table. The children giggled at Grandma's speech, not because it was funny, but because she started off in a deep bass voice and ended with no voice at all; you see Grandma was exerting herself to be heard. Absent-minded Ammonium carb. forgot what she was thankful for, and could hardly keep from weeping in her anxiety to recall some blessing; she finally remembered that she was thankful that the day was pleasant, because her children were always so irritable in stormy weather. Little Baryta carb. peeped timidly from the folds of her mother's dress skirt and looked thankful that she had found such a protecting hiding place, but said nothing. Mrs. Calc. thought she had so many things to be thankful for she couldn't be expected to remember them all, but her children, who had been intently scanning the table, piped up as with one voice, "Pickles, eggs, cakes, corned-beef, ice-cream, lemonade; it's a good dinner," and the fond mother remembered her little pale-faced, emaciated children that had gone into the other world and responded, "Yes, we are thankful for the dinner, but I am more thankful for the rosy-faced,

healthy-looking children whom I know have stomachs big enough to hold the dinner."

Kali carb. looked listlessly around the table and was glad that the others were happy, even if she was low spirited. For once Lithium carb. forgot to weep about her lonesome condition and was thankful to find that she had so many relatives, though she had difficulty in remembering their names. Nervous Magnesia carb. said she had been trembling with fear all day as if some accident would happen; something most always did happen when so many were together, but she was thankful that nothing had happened. Natrum carb., who had much difficulty in grasping and connecting thought, at this point comprehended that she was expected to be thankful for something, and astonished her relatives by announcing that as her stomach was too empty for any comfort she was thankful dinner was ready; thereupon Magnesia carb., Lithium carb. and all the little Calcs cordially responded: "So are we," which reminded Grandma that it was quite time for the guests to be served.

The little Ammonia carbs soon had enough, for no matter how hungry they were a small quantity always satiated them; they made it all up though by drinking when they couldn't eat. Baryta carb. soon had to stop eating; not because she was too timid to eat, but because there came a sudden disgust for food in the midst of the meal. No one urged her to continue, for all agreed that no child with such hypertrophied and indurated tonsils should be expected to swallow much; they wondered how, with such a throat, she could succeed in getting anything down. Strontiana carb. had no appetite at all, but she sipped her beer and enjoyed watching the rest, who certainly did do justice to the dinner.

While the dinner was in progress Grandma could not help noting the Carbon traits in her children; all had seen the hard side of life, and as each related her story to the sympathetic listeners Grandma observed and made her comparisons. In each of her guests she recognized some characteristic of her old self or of her sister Carbo an., but in a greater or less degree of development. Their absent-mindedness reminded her of her own periodical want of memory; in their mental sluggishness she saw her own feeble

memory and slow flow of ideas, their anxiety and tears recall the time when her own anxiety was so great as to cause her to tremble all over and weep. Timid Baryta reminded her of her own bashful childhood, and she recalled the time when she too was easily frightened; she smiles now at her former nightly fear of ghosts. The little self-willed Calc. children reminded her of the days when in a fit of temper she used to strike and kick and bite to express her rage. The Ammonium carb.'s nose bleed had been an inheritance from the Carbon side of the house; there was the thin, dark blood so familiar to Grandma, but the Ammonia's epistaxis was produced more easily than her own; she could not remember the time when hers had been brought on by simply washing the face. Ammonium carb. was the most hæmorrhagic of all her children, though most of them suffered from hæmorrhages to a certain extent. Mrs. Baryta carb.'s nose bleed was likely to be attended by catarrh in the posterior nares, and it was quite likely to come before the menstrual period. The Calc. carb.'s nose bleed was more likely to come from the right nostril; it was just as frequent and profuse as Grandma's, but it was likely to come in the morning, while Grandma's usually came at night, though it at times came in the forenoon and was followed by fainting or pain in the chest. Ammonium carb.'s came in the morning and usually from the right nostril, though the left nostril sometimes bleeds also. Most of Ammonium carb.'s troubles came on the right side. Lithium carb. was full of sympathy for Ammonium carb. because her own troubles came on the right side also. Kali carb., like Ammonium carb., suffered from nose bleed on washing the face in the morning. Magnesia carb.'s nose bleeds from the right side, and Strontiana carb. was suffering from the chronic effects of hæmorrhage.

Calc. had trouble with her children; in spite of their good appetites and fat bodies they were not healthy, their teeth were slow and difficult in coming, their fontanelles did not close early, and she had to brace their little bow-legs and backs to make them straight. She could keep no decent bedding in the house, for they would wet the bed every night, though when she took them up in very early sleep she sometimes prevented it, that is if she took them up soon enough, but after all it didn't do much good,

for they perspired so profusely that by morning the bed was about as wet as though they had urinated.

The glands of the neck became enormously enlarged. One of her children had had hip-joint disease, another white swelling, while several had died of marasmus. Mrs. Calc. received much sympathy from her sisters who had endured similar experiences.

Mrs. Ammonium carb.'s children were also scrofulous, though their glands did not enlarge to the extent of those of the Calc. children. They too had profuse night sweats and involuntary urination during sleep; their urine was pale with red sediment. Mrs. Ammonium carb. had great dread of scarlet fever, her children were of such hæmorrhagic nature that it usually took the malignant form with them.

Little Baryta carb. was also a scrofulous child; she had enlarged glands of the neck with fistulous ulcers; her glandular trouble was the result of scarlet fever. She had an irritation of the bladder which was worse at night, causing her to wet the bed. Lithium carb., Magnesia carb. and Natr. carb. all had the same story of enlarged glands and scrofula. Magnesia carb.'s children were slow in cutting their teeth; their involuntary urination came during the day; they had night sweats which came after midnight until morning; the sweat was oily and difficult to wash off, and was of sour, putrid odor. Natr. carb.'s. emaciated, pale-faced children had night sweats, alternating with dry skin; they too had involuntary urination at night which smelled sour or like horse's urine and deposited a mucous sediment.

Grandma mused as she listened, "Night sweats, weak bladder, enlarged glands," scrofula, scrofula all down through, and they inherited it from the Carbons. She recalled her own exhausting night sweats, enlarged and suppurating glands, her own bladder troubles, for she used to wet the bed as much as any of her grandchildren, and as she thought of it all came over her she questioned if any one so psoric had the right to marry and bear children whose inheritance must be that of continued suffering.



## DEPARTMENT OF HOMŒOPATHICS.

## LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT, at the Post-Graduate School.\*

## LECTURE IX.

*Organon* § 10. The material organism, without the vital force, is capable of no sensation, no function, no self-preservation; it derives all sensation and performs all the functions of life solely by means of the immaterial being (the vital force) which animates the material organism in health and in disease.

§ 11. When a person falls ill it is only this spiritual, self-acting (automatic) vital force, everywhere present in his organism, that is primarily deranged by the dynamic influence upon it of a morbid agent inimical to life; it is only the vital force, deranged to such an abnormal state, that can furnish the organism with its disagreeable sensations and incline it to the irregular processes which we call disease; for, as a power invisible in itself, and only cognizable by its effects on the organism, its morbid derangement only makes itself known by the manifestation of disease in the sensations and functions of those parts of the organism exposed to the senses of the observer and physician, that is by *morbid symptoms*, and in no other way can it make itself known.

It is clear that Hahnemann wishes to teach that it is a disorder of the activities of the internal man, a lack of harmony or lack of balance, which gives forth the signs and symptoms by which we recognize disease. These sensations constitute the language of disorder, *i. e.*, the means by which we recognize disorder or disease. This immaterial vital principle, this simple substance everywhere pervades the organism, and in disease this disorder everywhere pervades the organism, it pervades every cell and every portion of the human economy. We will see in course of time that the change in form of a cell is the result first of disorder, that the derangement of the immaterial vital principle is the very beginning of the disorder, and that with this beginning there are changes in sensation by which man may know this beginning, which occurs long before there is any visible change in the material

\* Stenographically reported by Dr. S. Mary Ives.

substance of the body. The patient himself can feel by his sensations the changes, and this is inimical to life, and death immediately follows, for life in its fullest sense is freedom. As soon as the internal economy is deprived in any manner of its freedom, death is threatening; where freedom is lost death is sure to follow. So it is when there is the inflowing of a simple substance that has the form or essence of a disease. It is in its essence an evil that is flowing into the economy, but notice it is a simple substance. Everything that is a thing is substantial or real, and has in itself operating and perpetuating power. The fact that it can operate and perpetuate is the evidence of power, and if it has power it results in something. Every cause of disease then has form. If it were not in the form of simple substance it could not affect the forms of simple substance in the natural state of the economy. Moreover, it has its association, from the finest forms of physical substance to the crudest, from beginning to end, from the inner to the outer. Such changes and activities as result in the very crudest forms are but the results of disease through a series of degrees, coarser and coarser to the very outermost of man. Everything that can be seen that can be observed with the aid of the finest instrument is but the result. Nothing in the world of immaterial substance can be seen with any faculty that is capable of seeing things in the world of material substance. The employment of instruments of precision will enable us to see the finest disease results, which are the outcome or results of things immaterial, the bacteria for instance, the very finest form of animal or vegetable life; but the cause of disease is a million times more subtle than these and cannot be seen by the human eye. The finest visible objects are but results of things still finer, so that the cause rests within. The morbidic agents that Hahnemann refers to are simply the extremely fine forms of simple substance, or to bring them down to human thought we might call them viruses, but viruses are often gross because they can sometimes be observed by the vision of man and therefore we must remember that within the virus is its innermost and that this innermost is in itself capable of giving form to the outermost, which is the visible virus aggregated and concentrated. The coarser forms would be comparatively harmless were it not for their interiors. Disease pro-

ducts are comparatively harmless were it not for the fact that they contain an innermost, and it is the innermost itself that is causative. The bacteria are the result of conditions within, they are as it were, evolved by a spontaneous generation—literally, that is what it is. Every virus is capable of assuming forms and shapes in ultimates. The causes of ultimates are not from without but from the immaterial invisible centre. Those things that appear to man's eye are evolved just as man himself is formed from a centre which has the power of evolving, an endowment from the Creator, operating under fixed general laws.

It is only when the vital principle is disturbed by cause of a disease character (that is the innermost of a virus in the form of a simple substance) that it gives forth any consciousness of itself.

If there were no disturbing influence in the interiors of man he never would have symptoms. As you sit there in your seats in a perfect state of quietude or tranquility you are not conscious of your eyes, of your limbs, of your hair. You have to stop and think whether you feel or not. When all the functions are carried on in a perfectly orderly way you have no consciousness of your body, which means that you are in freedom. When not in freedom the individual says, "I feel." It is this disturbance of an invisible character which comes from cause, and appears by changes in the activities of the body, changes in sensations, changes in functions. It is in accordance with all-wise Providence that these sensations should appear to the physician who shall be intelligent enough to read them and know what they mean. They are a warning, they are for use, for purpose. No feeling a man can have is without purpose, as there is no thing in the universe without its use. Hence these morbid sensations reveal to the physician that there is disorder.

To establish freedom should be the aim of the physician, and if a physician's work does not result in placing his patient in freedom, he cannot heal the sick, for healing the sick is placing the patient in freedom, giving him absolute physical freedom. If the physician causes the pains to cease by a dose of Morphine, can we call that freedom? Is the patient not made stupid beyond the recognition of the nature of his disease? The large doses of the old school produce anything but freedom. We must look else-

where to find that kind of healing which turns disorder into order and makes man free. By removing the signs and symptoms in an orderly way, by converting disorder into order so that the symptoms no longer have a cause (for as we have already seen when the economy is turned into order it ceases to give forth symptoms) we place our patients in freedom, both physical and mental.

"Only the vital principle thus disturbed can give to the organism its abnormal sensations and incline it to the irregular actions we call disease." This is totally different from calling the results of disease the disease, *e. g.*, calling Bright's disease, cancer or palsy diseases. Most of the conditions of the human economy that are called diseases in the books are not diseases but the result of disease. To call a group of symptoms a disease of one part, and another group of symptoms a disease of another part is a great heresy and leads to errors in prescribing that can never be corrected. Organic change is the result of disease.

Morbid disturbances can be perceived solely by means of the expression of disease in the sensations and actions! We would have no means of perceiving the morbid disturbance of the invisible principle except by morbid sensations, and if these were not present we would have no means of putting the patient in freedom. There are patients so sick that they cannot be put in freedom, those for whom there are no means of cure, and in these, while the internal structural changes are going on slowly, the morbid symptoms are not present. Such patients continually change doctors and change climates, recognizing, as it were, that no one is capable of relieving them. With an incurable change in a vital organ, all or most of the symptoms that existed go away; the symptoms of the disease are suppressed, as it were, by the tremendous strain upon the system; this is particularly true of the malignant forms of disease results. The symptoms that existed years ago have disappeared and the patient will say: "Oh, they did not amount to anything; I had had them all my life." But those are the symptoms that would manifest to the physician the nature of the remedy, for they give to him the real image of the sickness. You will hear some doctors say: "Oh, we will have a remedy for cancer some day," having only in mind the symptoms of cancer, that is, the symptoms that represent the results of dis-

ease and not the symptoms that represent the disease itself. There is a vast difference between these two. These physicians would not talk so if they only knew and would only think in this proper and wholesome fashion, that to cure the patient would be to cure the cancer, and in order to cure that patient it is necessary to go back in his history and get those symptoms that represent the patient in a state of disease and not the tissues in a state of disease results. In the latter state, the original symptoms of the disease have often disappeared; they are, as it were, swallowed up. The symptoms seem to be suppressed by the tremendous strain upon the system. So it is when the innermost disease has acted and the whole body is full of disease results, such as dropsical conditions, or pus sacs, or hip-joint abscesses. The pains make the patient unable to think of his symptoms. Then these physicians come along and prescribe for the resultant states and end in failure. They give *Silica* for hip-joint disease and *Bufo* for epilepsy, and so on, giving medicines for groups of symptoms. That is not Homœopathy. Such men go off and say: "Oh, I have tried everything," but they have tried nothing but modern practice. It is a travesty upon Homœopathy. The expert physician can listen to the signs and symptoms before morbid changes have taken place, and if no medicines have ever been administered, if no drugging has been resorted to, no morphine and no other violent and vicious drugs, the image stands out before him in relief; it is perfect, because it has not been meddled with. It speaks with clearness, and the physician who is intelligent can learn to read it. But the physician who is not capable of seeing that this is different from the group of pathological symptoms that represent the so-called fixed diseases, if he cannot make a distinction between the symptoms that represent the disease *per se* and the symptoms that represent the result of disease, he will never practice Homœopathy successfully. If he cannot understand it he had better work at it until he does understand it, he must continue to labor until he can discriminate between the organic symptoms associated with the results of disease and the pure signs given forth by nature. Every few days I run across a homœopathic physician who asks: "What remedy are you using in such and such cases?" Such a thing has no place in my mind, and I

look upon one who speaks in that way as a man untrained in homœopathics. I truly have lost my patience over such things, for the old gray-heads, who have practiced for years and pretended to practice Homœopathy, do not hesitate to say that "the best remedy for epilepsy" is so and so. What nonsense! That is not adjusting the remedy to the state of the patient that existed before he had these structural changes and fixed groups of symptoms, for if you adjust a remedy to the pathological condition you are not adjusting it to the patient, to his very beginnings and from his beginnings down to the present time. He need not have pathological results, all he needs to have is symptoms. The patient can cure his own morbid anatomy. If you will take away the first state of disorder his economy will be safe. If the results of disease cannot be removed the patient himself will return to health and the morbid anatomy will undergo such changes that it will not affect his state of health. The fibrinous adhesions need not necessarily go away, a state of quiescence comes and remains year after year so long as he remains well.

To think of remedies for cancer is confusion, but to think of remedies for the patient who appears to have cancer is orderly, and you will be astonished to know what wonderful changes will take place in these conditions when remedies that corresponded to the conditions before the cancer began are administered. Cancer is the result of disorder, which disorder must be turned into order and must be healed. We dwell upon this, for many paragraphs bring out this distinction between symptoms and results of disease. The true morbid sensations of a healthy organism are what we must first consider. It is first assumed that the organism is in a state of health and capable of performing its functions, and then the morbid sensations of this healthy organism are the symptoms that come to the physician as a forerunner of death in parts, and finally death of the whole. The patient tells the physician his sensations, of the numbness of his fingers, of the pricking in his skin, of the pain in his stomach, etc., all the sensations of any part of which he is reminded. The healthy man is not reminded of his parts. He passes his stool without pain in the part. If he have pain or bleeding he is reminded of this part. If he passes his urine without sensation we say it is normal and he is in free-

dom, but if burning and smarting and tenesmus follow, he is reminded of it, and these sensations constitute symptoms. If the patient is waxy and pallid, if he has papules and pustules, or swollen and varicose veins with red face, red eyes, etc., these the physician can see and note down. Again there are things that the physician cannot see and that the patient cannot tell, that the mother, sister, husband or wife should relate to the physician at his office. These symptoms constitute the image, what there is knowable of the sickness, that which appears to the mind of the physician upon which he makes up his verdict. When the strong symptoms are all gathered together the physician in studying the case must separate out those things that were observed years ago from those things that are observed to-day, noting how they have changed and why changed. Sometimes they have been changed by drugs so that the whole nature of the economy is giving out a different group of symptoms. The physician must learn the changes all along the line, from beginning to end; what symptoms represented this sick man ten years ago, and what symptoms represent him now. Perhaps now he has morbid anatomy, pathological conditions in his lungs, liver or kidneys. The physician who has been for twenty years observing previous and present conditions in this manner by hearing the symptoms, can practically locate the morbid anatomy; he can tell where it will appear, knows when pus is in organs and where, and he can foretell pretty well what is soon to go on in the economy. I would rather trust to a careful study of the symptoms than most physicians' written diagnosis of phthisis, of organic diseases of the liver or of the heart. The symptoms do not lie, they do not exist from opinions of men who have thumped and pounded over the human body to find out what is going on inside, which is in many instances confusing even to the best diagnosticians. A considerable observation amongst medical men will lead one to discover that the dollar is the chief end of the practice of medicine when practiced in the old way; there is nothing else in it, nothing to love or admire.

To become conversant with symptoms, to judge of the sphere and progress of disease by the study of symptomatology, is the requirement necessary for the homœopath. Of course bystanders will say to the patient, "that doctor cannot know much; he did

not give you a physical examination," but remember you will know more than the other physician, you will make fewer mistakes, you will have more satisfaction. After you have made that examination of the symptoms there is no reason why you should not make a physical examination of the patient; but do not let this deprive you of becoming thoroughly educated in studying symptoms, because the real study of man is in the symptoms, and to become wise in symptoms is the basis of making a good prescription. Study physical diagnosis to your heart's content, but keep it up by studying constantly to ascertain what the different symptoms mean. You cannot study the symptoms of man without becoming extremely well acquainted with the nervous system. The anatomy of the nerves and of the brain should be thoroughly known. Not always that you may name the nerve, but you know where it is and what its functions are, and this study should be continued throughout all your life. The physician should be conversant with anatomy and physiology, but by studying the symptomatology, he acquires a knowledge of physiology which it is impossible to obtain in any other way; he acquires a knowledge of the functions and operations of arteries, nerves and muscles because they call attention to themselves when in disturbance, and he sees therefore how the symptoms manifest themselves.

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## THE USE OF REPERTORIES.

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By FREDERICK S. KEITH, M. D., H. M., Newton Highlands, Mass.

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Hence I was enabled to conclude, that an obscure general idea, in which they are principled who have little knowledge, and are thence in obscurity on all things, is one thing, and that a clear general idea, in which they are principled who are instructed in truths and goods, which are insinuated in their order and series into a general principle, and are thus arranged in order, so that from the general principle they may be seen distinctly, is another thing.

A general principle and a universal principle are not anything unless there be in them particulars and singulars, from which they subsist and are so called,



and that they so far subsist in proportion as particulars and singulars are in them.

A. C. 4329.

The question has often been discussed *pro* and *con*. as to the value of repertories and repertorial work in connection with the selection of the homœopathic remedy, one party rising against all repertory study, the other giving all importance to it. On the general principle that supply is created by demand, and from a consideration of the large number of repertories in existence, we will let that argument rest.

Having determined that the study of repertories is often necessary to successful prescribing, the next question is how to use them? What shall be the beginning of such study? Where the ending? What the intermediates?

One point can be settled in the start: Repertory study must always and invariably follow or be consequent upon a careful taking of the case, whether it be the first prescription or any following one. In no other way shall we arrive at proper conclusions, for as in any other science true conclusions cannot be reached from false premises.

For a study of how to take the case nothing additional to Hahnemann's Organon will ever be necessary, and he who follows most closely the spirit and letter of the master will be the one most worthy to be called a homœopath. True it is that even here dispute and discussion have arisen from a fancied inconsistency between the instructions of the §153, where Hahnemann says, "we ought to be particularly and almost exclusively attentive to the symptoms that are *striking, singular, extraordinary* and *peculiar*," and the general directions in all his teachings that the totality of symptoms is to be regarded. Yet there is no inconsistency; none whatever. It comes solely from the confusion in the minds of the physician. We are given most careful rules for the proving of drugs, every symptom is to be most carefully recorded, every extraneous influence is to be, as far as possible, eliminated, every possible care of an unbiased mind is to be taken to receive the image of the drug-made disease and communicate it to writing—a record of pure natural force. No personal experience (that cloak for ignorance and bigotry) is here; no specu-

lation is in this method. Is our patient, sick with a natural disease, less entitled to a complete and careful record of his sufferings than our prover, made sick at will by drug influence? I think not. Moreover, does not the search for striking, singular, extraordinary and peculiar symptoms presuppose the most careful and complete record of the patient's symptoms?

Given then the totality of the symptoms, how shall we proceed to study the case by our repertories?

And first, what repertory shall we use? It may be said in passing that oftentimes one hears it said we have no good repertories; they are inexact, incomplete and so on *ad infinitum*. Yet as a matter of fact, those who wail and lament the loudest are often the ones least able to use those we have. Any repertory, however incomplete, which is based on and is a collection of the recorded facts of the "Materia Medica Pura" and "Chronic Diseases" is of value, some of more, some of less. It all depends on the way it is used. Probably "Boenninghausen's Pocketbook" is far and above all others the best for the careful study of a case.

Suppose then we have a full and complete case to work on, where shall a beginning be made? After a careful reading of all the recorded symptoms do not some modifying features or circumstances impress themselves on the mind of the physician? These may be as various as are the differences between day and night or summer or winter, *e. g.*, the patient says: "Oh, I just hate damp weather, I am good for nothing; I don't know just how, but I hate it." What can we do but note all the remedies known to have < from wet weather. Notice the patient says *I* am worse, not his rheumatism or pain in any one place, but *I*. Another says: "It is queer, but I am pretty well in the winter and summer, but when the warm days of spring approach they bring on all my bad feelings and I don't get better until hot weather. Then in the fall back they come again." Is not this worthy of being noted? And so on, suppose any features analogous to the above, are they not worth recording with every known remedy opposite them? Each of these patients says it is *I* feel or am thus, and so not one part of him. And so it goes through the whole recorded materia medica. Symptoms modify the whole patient; they are a part of him, thus they become generals or rulers of him. Let

us not consider these generals as limited to a few rubrics; not all patients are markedly affected by damp weather, not all are affected in spring and fall, as in the examples we supposed; but any symptom may be a general where it modifies the patient himself rather than some part of the house he lives in.

Reading through a record some peculiar sensation may modify many symptoms; does not this make that symptom a general or ruler in the case, and of value in proportion to the frequency of its appearance? To give an example of every general would be to give most of the sensations, aggravations and ameliorations and so on of the *Materia Medica*; but I think the meaning is clear without this.

Thus we go through the repertory study of a case, finding the generals, and writing the remedies opposite to them. Perhaps we have three, four, five or more features that modify the whole case, the more the better. Are these not the patient himself? Do they not represent the governing or ruling features of his sickness? This being so, ought we not to expect to find the patient's remedy stand out prominently in these generals? We ought, and, as a matter of fact, we do. In this way we narrow down the study to a few remedies having the generals of the case. What is next to be done?

Next in order follows a consideration of the particulars in the order of their importance, and these particulars are by no means to be selected at random and without thought. First and foremost come the mental symptoms. All know the stress Hahnemann laid on them, that they above all others should most closely correspond and present the greatest similarity. And the reason is not far to seek. It is well represented in the aphorisms: "The mind is the man" and "As the love is, so is the life." These facts Hahnemann clearly saw and used. Here, as in choosing the generals, the distinctive, all-pervading, characteristic features are to be observed—the general of the mental condition, so to speak.

Next should follow the other particulars, the heart and lungs, and special senses, next the genital and abdominal organs, next the extremities, lastly mucous membranes and skin. In other words we proceed from within outward, from most vital parts to less, and thence to least vital ones.

Leaving to one side all preconceived notions and teachings does not this method appeal to the rational mind as orderly? That which governs or rules the whole man is considered prior to that governing any part. Is not a modifier or symptom of the whole more universal than a modifier or a symptom of a part? Is not a modifier of a more vital organ more important than one of less vital ones? Should not the least vital parts be last considered? In any science or thing is not the whole greater than any of its parts; is it not made up of the sum of its parts? In man in health is not the whole ruled from within, harmoniously, perfectly, in accordance with its use? In disease is not this harmony (call it working of the vital force or what you will) first destroyed and the disease ultimated thence into various parts of the natural man? Can, then, any method of study which leaves out of contemplation the man himself in the higher sense, and deals with a part of him, give the results gained by dealing with the whole man then with his parts?

The generals of any science are made up from its particulars. From the generals we can proceed to particulars, but from isolated particulars we can never judge the generals.

But we hear it said: "All this sounds well; but in practice can we find a case ready to be worked out in this fashion?" As no two things in the universe are precisely the same, so no two cases will present the same rubrics for consideration but does this militate against this method? Because a case presents few generals and many common and contradictory symptoms, should our method of study lack order and consistence? Hahnemann says we should not expect an immediate favorable result in a case where none but indefinite and common symptoms resemble those of the remedy prescribed. Yet that offers no excuse for idleness in getting the totality nor for poor use of the totality after found.

There are other methods of using the repertories in vogue, so common in fact that perhaps it is useless to call them to mind but a brief notice of them can do no harm. Is it an error to term them, first the mechanical, second the key note?

Guernsey's, Bönninghausen's and the various checking lists are unquestionably of this mechanical variety—that is, as ordinarily

used. Here the operator sits down with his record before him. All symptoms are alike to him. Perhaps he takes them in the order related by the patient. Of course the patient first tells what is on his mind the strongest, or where he feels the most sick. Out comes this card from the bunch or checked off at once are the remedies corresponding. No thought is given to the value to the economy of the symptoms. Perhaps the next symptom taken is far and remote from the first—no matter, all are fair game to this symptom hunter. So he goes working through the maze of symptoms perhaps an hour or two. He adds them up. And what has he when through? What has he found? Simply that no remedy corresponds to the whole, but that some of the old Hahnemannian and correspondingly full and well proved remedies stand high—that is, appear a great many times. In all probability it is Sulph., Puls., Nux, etc. I will submit the question: Is this order; is this working in series from firsts to lasts; is it logic?

But of course the fault is not laid to the method of study, that would not be human nature. It is the repertory that is to blame, yet just how does not appear, for if we make our rubrics larger by adding new remedies a correspondingly large number of remedies will appear in the grand summing up. If, on the other hand, remedies are eliminated, like Sulph., etc., from rubrics, shall we have any better total, will not necessary remedies disappear? For two disorders cannot produce order. A start from wrong premises cannot bring us to correct conclusions.

These are among the causes for the abandonment of repertory study by our prescribers. They reason that they might as well give Sulph. at first as to wade through the whole repertory and have it worked out in the end. Reaction from the foregoing gives rise to the opposite, or keynote method. Scilla is avoided, but Charybdis opposes its rocks and shoals. Here the mind is on the lookout for little one-sided, queer out-of-the-way symptoms, for to him these are the *striking, singular, extraordinary* and *peculiar* symptoms of which Hahnemann speaks. Bönninghausen will not do here, Oh, no. Nor will all the repertories to be compiled in ages contain all the little things the human mind may conceive. But all the repertories must be gone through in an endeavor to

find that one thing, that one little symptom, if no bigger than the point of a pin. The Mat. Med. must be ransacked. And after days of study, what is it worth when found—often nothing, unless perchance it happens to be a ruling feature of the case taken by accident.

The keynote system is pernicious in the extreme. Conceived in ignorance, born in chaos, living in fallacy and bigotry, it throws its spell around many careful students, leading them away from careful study of remedies themselves, considered as sick made people, curing a few, totally failing in others, suppressing some, giving rise to mongrelism and single symptom prescribing and bringing many other falsities into the God-given truth of Homœopathy.

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WORK must be done from within out in order to be permanent.

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Two sick people are more unlike than two well ones.

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EVERY action in Homœopathy must be based upon a positive principle.

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It requires expert judgment to make few blunders. The less you know about the sphere of the sickness the more blunders.

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THE one who understands best the nature of his remedies will remember most about their peculiarities.

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YOU should never think of measles or scarlet fever as fixed forms of disease which you have sometimes, thus and so, and expect to treat again in the same way. You must keep your mind from getting into ruts.

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TO-DAY no eruption is allowed to show its head. Everything is hushed as soon as it gives evidence of being. If this goes on long the human race will be swept from the earth.

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CONFUSION comes from losing one's head, prescribing on few indications and giving medicine when no medicine should be given.

## DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the *Organon*.

## CLINICAL REMINISCENCES.

PROF. J. T. KENT.

Periodical conditions often trouble a young prescriber and sometimes an old one. A young physician once brought me his patient who was suffering from periodical congestive headaches which came on every seven days. Many remedies had been given but no change had been made in the case. The rubric in the repertory that had been consulted was "weekly headaches." The patient was then more carefully examined and it was found that regularly Sunday evening and night he suffered from this headache. The modalities were confusing and contradictory but after a careful questioning as to what he was in the habit of eating on Sunday that he did not eat at other times it was found that he ate plentifully of "roast of beef" for his midday meal and at no other time. It was soon seen to be not a periodical headache, but one that came on after eating beef.

*Staph.* covered all his symptoms and cured.

\* \* \* \*

A middle aged woman suffered from Sunday periodical headaches and none of the remedies in the rubric for weekly headaches helped. It was subsequently discovered that she had these headaches always after ice cream and then it was seen that *Puls.* corresponded to her other symptoms and that remedy cured her.

All the facts in the case should be gathered before prescribing. Hasty conclusions are as dangerous as any form of negligence. Our remedies will cure when they are similar to all the symptoms in the case.

Some years ago it was necessary to listen second hand, through a well-disposed woman, to the complaints of her sick sister. The sister was under the care of an eminent Old School specialist for some deep seated uterine trouble, which was called, in a letter from the doctor to his patient, endometritis. Local treatment had gone on many months and still the sister failed. Then came the story: "Oh, Doctor, you should hear her complain of these awful headaches at night. She says there is a feeling as if she had a stone on the top of her head and she cannot rest or give me any rest from that pressure until the gas is lighted; then she goes to sleep. The odor of the room is awful from her feet."

This good woman took one powder of *Silica*, which she was to give her sister on the sly. The patient never needed a light in the room at night again. It cured.

Here was a supposed periodical headache, but it was a headache *worse in the dark*. It was supposed by the eminent specialist to be due to *endometritis*, but as a fact the woman was sick; her uterus did not make her sick. What a profound thought, when the doctor tells his patient that the uterus makes her sick.

\* \* \* \*

It is commonly asked by old prescribers: "Did you tell your doctor that symptom?" "No, he never asked me." Some years ago, being called to see a patient in counsel, it was said by the attending physician: "This is one of the most difficult cases to procure symptoms from that I ever saw." "What is the trouble?" "Well," said the doctor, "he calls me and says he is sick, has trouble with his bladder, and does not feel well generally and expects me to read his symptoms like a clairvoyant. When I ask him questions, he replies, 'You are the doctor; you ought to know,' and so it goes." We went to the room to examine the patient, and both of us put questions indirectly for an hour or more, and there was no point gained except the bad temper that the patient manifested at every moment. Finally he jumped out of bed and ran into the bath room and slammed the door behind him. I concluded to follow him and observed him standing at the wash basin passing his urine. I, at once, asked him, "Why do you not sit to pass your urine?" He replied, "I have not been able to pass urine sitting for many years. I must stand always or it will not start." *Sars c.m.* cured him in a few weeks, and there never has been a return of the bladder trouble.



## CLINICAL CASES.

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W. W. GLEASON, M. D., Attleboro, Mass.

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## I.—MRS. S.

For two years had been troubled with what had been diagnosed as a tumor (on the womb). Pregnant 266 days (the exact date of conception being known from the fact that there was but one instance of coition). Confinement occurred the night of 266th day, Puls. c.m. having been given eight days before. The first intimation of approaching parturition was the flooding of amniotic fluid (with no previous pain). Confinement was normal and easy to the point of extraction of placenta, which could not be taken easily. Exploration showed the placenta attached about something, or rather over something, which was movable and about the size of a man's fist, and attached to the wall of the uterus by a short pedicle. I removed this thing with the placenta, and it proved to be a polypoid tumor. Everything went well with the case until the 13th day, except that there was considerable hemorrhage and putrid odor of discharges for which nothing was given, as the patient seemed strong and doing very well otherwise, and had in three previous confinements got up quickly and well. (Strong, rugged woman.) The hemorrhage gradually lessened until the 10th day, when only the lochial discharge was left (very fetid). The milk was not established on the fourth day, and for this condition one dose of *Asafœtida* 45 m. was given. On the fifth day the milk came and increased to unusual quantity. On the 13th day the lochia suddenly stopped, and at 10 A. M. there was a severe chill, commencing in legs and invading the whole trunk of body. Hot applications and plenty of covers brought comfort again in a few minutes. But on the morning of the 14th day the temperature was 99.5, and at 10:15 that day another heavy chill took place. After that the temperature gradually rose during the day until in the evening it was 101 strong. The movement of an arm or leg beneath the covers would cause chills. If the arm was moved the chill would run from arm to the breasts. If the leg was moved the chill would

run from legs to the breasts. If the head was moved to either side the chill would run from head to the breasts. The heavy chill in the forenoon started in the legs just above the knees and on inside of leg, and from that location invaded the whole trunk of the body, but did not go below knees or above neck. Back was very cold. There was aching across lumbar region during chill, sharp pain in womb like colic, cold needle-like pains through the breasts, dull pressure in the head and very sensitive scalp, with nipping pains about the heart. In view of the fact that the milk flow was excessive and the hemorrhage had been considerable, and the other symptoms being covered well by China that remedy was given by mixing the 30th in water, a teaspoonful of the mixture at a dose, a dose every two hours for five doses. The next day the temperature had dropped to normal, there were no more chills, and the lochia became re-established.

## II. MRS. T.

This lady came to me in December, 1896, with severe eczema of the hands. The palms were all seamed and cracked with a raw bleeding eruption, the skin between the cracks being hard as sole leather and scaly. In the winter of 1896 she had been treated for three months by a homœopathic physician, with low potencies and apothecary stuff, and *cured*, but in spite of that cure here she was (she said) worse than ever before. Fortunately the history of her affliction was clear, she having had scabies when a girl and treated with ointments. In all her life, for twenty years back, she had been treated homœopathically. She had tearing headache in forehead and temples, worse stooping and after eating.

December 14. *Sul.* c.m.

December 28. I was called in haste. Found her in bed with throbbing headache, very excitable and irritable.

*S. L.* Very melancholy.

January 1. Condition not materially changed. Internal chills with red face, considerable thirst and hot feet. Much

*S. L.* itching all over. Eczema in hands the same as at first.

January 6. Improving. Itching less. Eczema not quite so bad. From this time improvement went on to a cure with

no further medicine. I say to a cure this time, because she has passed through this winter of 1897-8 with no trouble whatever.

### III. NANCY W.

This patient came to me in July, 1897, with extensive ulceration of the anus and buttocks, the results of syphilitic taint. The woman herself was repulsive and had the appearance of being a hard character. From the anus radiating to all sides for six inches each way her body was one great ulcer. I had no desire to treat the case and told her I could not help her, but she pleaded to be treated, so I gave her a dose of *Sul. dm.* and *S. L.* for two weeks, and another package of *Merc. sol. c.m.*, one powder, and *S. L.* for another month, and told her not to allow any water near the ulcerated parts. I sent her off, not expecting she would get much benefit or that I ever should see her again. Indeed I hoped I should not, and did not think she would follow directions of treatment. But I was surprised to have a call in November to the poor quarter of the town, and it transpired that the call was to the mother of this same patient. After attending to the bronchitis of the mother, I inquired about the ulceration of the daughter and was informed that it was cured. Examination proved that at least there existed no longer any ulceration of the parts. Of course I do no claim that the syphilis in this case was cured, but the case shows the action of *Merc. sol.* curatively. The ulceration was rather superficial, itching intensely, flat, with lardaceous base, and bleeding at slightest touch.

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OUR readers will be glad to learn that a new food is now upon the market which comes from such excellent source that no doubt will be entertained of its purity and value. It is prepared from the formula of our well-known Dr. Wm. Jefferson Guernsey, and is manufactured under his personal supervision. This food in the hands of homœopaths will probably take the place of all other invalid foods.

## EDITORIAL.

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THE policy of the JOURNAL in its future, as in the past, will be to take nothing from and add nothing to the principles so clearly taught by Hahnemann.

Cases illustrating these principles are always in demand for the pages of the JOURNAL, and readers are urged to present in the form of cures, such symptoms as verify pathogenetic observations. To publish cures without this end in view would be no better than reporting cases simply because the patient did not die as illustrating the wonders of Homœopathy. Before reporting a case, it is well to ask, what symptoms have been verified? All cures that present new symptoms verified and old ones confirmed, or that bring out new circumstances, are interesting and useful in making the record of Homœopathy. The observations of the prescriber are in this realm, and the closer he keeps to the centre the sharper must become his genius to detect fine shades by which he discriminates.

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CRITICISM is a harsh teacher and may do in home circles. It has not been, and shall not be, admitted in this JOURNAL. Instruction for those who need it, for the young, the earnest and painstaking, should come from our readers of age and experience. The older prescribers should help the younger if Homœopathy is to grow and become a power in the land. The JOURNAL is not solely for the man of masterly ways. Let such come to the front and help the young men, the newly graduated, to secure a firm foundation to rest upon before reckless methods have dethroned all the principles within. The JOURNAL seeks to be a beginner's monthly primer, and all who are in higher classes should turn instructors and teach by carefully written instructions without criticism.

Send in teaching items, cures, provings, Materia Medica notes, to the end that the JOURNAL may be rich with the results of experience. The JOURNAL can only be what the readers and contributors make it.

The lectures on Materia Medica and the "Organon" will continue during the second volume. Valuable papers are promised by men of ripe experience, so that it can be safely promised that the pages will be richer in quality as well as increased in number.

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## HELODERMA HORRIDUM.

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Letter from DR. BOOCOCK.

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FLATBUSH POSTAL STATION, N. Y., March 18, 1898.

DR. J. T. KENT.

*Dear Sir:* Many thanks for the publication of my proving of Heloderma, with some few additions by Dr. Cameron.

I have been somewhat disappointed in not seeing more made of this powerful medicine, but perhaps the fault is mine in not publishing all that I know of it. I believe it to be the very best thing we have for diseases of the nervous system, and especially for that class under the control of the great sympathetic nerves. It may be demonstrated by this that all nerves are controlled by the great sympathetic. If at any point spirit and matter blend it is just here, but however that may be settled we know that there are parts of our bodily frame that the motor and sensory nerves, which are under the control of the will, cannot touch or control, *e. g.*, the parenchyma of the brain, heart and intestines. Yet we know that these parts are and must of necessity be under the control of some nerves, and subject to the changes of our mortality. My belief is that the great sympathetic is the controlling power. Perhaps as Bichat says, "Life is the sum of the power that resists death." In my hands Heloderma, in the 200th, has demonstrated this more than once.

In "heart failure," which I take to be a paralysis of this class of nerves sympathetic, it has brought back many to life. When there has been evidence of the heart ceasing to act, no pulse perceptible, breathing cold and almost gone, I have in three cases seen them brought back to life by moistening the tongue with a little water in which a small powder of the 200th was dissolved.

One described it as if he had gone away and were brought back from a distance to recognize sounds and words.

Three cases of paralysis with loss of sensation for a year, hands blue and cold on the hottest day of summer, have been cured by *Heloderma* 2 c.

A case of progressive locomotor ataxia was arrested after eighteen years' paralysis, and a partial recovery ensued.

A beginning paralysis of the facial nerves was promptly cured by one dose of the c.m., 4 globules.

I think it would be well if you refer to this proving again to mention that all the reptile poisons, so far as known, are acid poisons, with the exception of the Gila monster, the poison of which is alkaline. When I first experienced the poisonous effects I wrote to Dr. T. F. Allen to let me know what remedy to take as an antidote, and the answer came back that there was no antidote known. After eating freely of pickles and taking vinegar I was led to believe that I had found an antidote to the poison of the Gila monster, and I think the credit of this belongs to me.

Very truly yours,

ROBERT BOOCOCK.

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#### PERSONALS.

DR. ALICE B. CAMPBELL has removed her office to 552 McDonough street, between Ralph and Patchen avenues, Brooklyn, N. Y.

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KENT'S REPERTORY. The fourth fascicle of the Repertory, containing the symptoms of *Nose* and *Face*, will be ready for delivery in a few days.

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ANNUAL RE-UNION OF THE ALUMNI ASSOCIATION  
OF THE HAHNEMANN MEDICAL COLLEGE,  
PHILADELPHIA, THURSDAY, MAY 12,  
1898.

The annual re-union and banquet of the Alumni Association of the Hahnemann Medical College, Philadelphia, will be held on Thursday, May 12th, 1898.

Class re-unions will be held at 10 A. M. in Horticultural Hall, Broad street, above Spruce. The business meeting will convene at 4:30 P. M. and the banquet will be held at 7 P. M. at Horticultural Hall.

The Trustees and Faculty of the College extended a cordial invitation to all the members of the Alumni and their friends to attend the Fiftieth Annual Commencement, to be held on the same day, at 2 o'clock, at the Academy of Music, S. W. Corner Broad and Locust streets, Philadelphia.

Banquet cards can be secured by notifying the Secretary. Requests received after Wednesday, May 11th, 1898, cannot be considered.

W. D. CARTER, M. D., *Secretary*,  
1533 South 15th Street, Philadelphia.

## BOOKS FOR REVIEW.

MELANCHOLIA AND ITS TREATMENT, by C. Spencer Kinney, M. D., First Assistant Physician, State Homœopathic Hospital, Middletown, N. Y.

An interesting pamphlet, dealing in a comprehensive way with this form of insanity and giving the indications for the commonly used remedies.

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REPERTORY OF THE HOMŒOPATHIC MATERIA MEDICA, by J. T. Kent, A. M., M. D., Professor of Materia Medica and Homœopathics in the Philadelphia Post Graduate School of Homœopathics.

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J. A. BIEGLER, M. D., Rochester, N. Y.

So far as I have used the numbers I must say that I am much pleased with the work and look forward to having the most reliable repertory that has yet been produced. I have no difficulty in familiarizing myself with the arrangement.

F. S. DAVIS, M. D., Quincy, Mass.

The two parts received are by far the most complete of anything in the line of a repertory. Every thorough homœopath needs

the best help, and therefore must have this repertory in order to work to the best advantage.

ROLAND A. DAVIS, M. D., Somerville, Mass.

I wish to personally congratulate you on your admirable repertory. So far as I can see it is perfect, and you deserve the thanks and hearty support of the profession for having put the clues to the *Materia Medica* so fully and plainly before them.

W. P. DEFRIEZ, M. D., Brookline, Mass.

Perhaps you need no commendation from me regarding the repertory so far published, but I want to express my appreciation of its worth after practical use of it, and without hesitation I find it of greatest helpfulness and shall eagerly look forward to its completion.

S. L. EATON, M. D., Newton Highlands, Mass.

It is truly a splendid work, incomparably superior to any repertory heretofore published.

F. S. KEITH, M. D., Newton Highlands, Mass.

The repertory came to hand. To say that I am delighted with it doesn't express it at all. It is grand. The plan and arrangement is one appealing to any student.

SAMUEL A. KIMBALL, M. D., Boston, Mass.

It is the best and most valuable work of the kind ever published. I have already found it of great aid, and no physician who pretends to study his cases can afford to be without it.

A. McNEIL, M. D., San Francisco, Cal.

I am very much pleased with the repertory. I will lay it on my desk with my Bœnninghausen.

R. GIBSON MILLER, M. D., Glasgow, Scotland.

The new repertory is most excellent, far and away the best and most complete we have. The printing is excellent and the spacing you have adopted renders it easy to find what is wanted without tiring the eyes. It seems very comprehensive.

JOHN STORER, M. D., Jamaica Plain, Mass.

I wish to congratulate you upon your very excellent repertory. I have already used it in a number of cases with decided pleasure and profit.



JOHN E. THATCHER, M. D., Dallas, Texas.

I wish to express my pleasure in being able to possess a copy of this Repertory. I sincerely hope that nothing may occur to interfere with its speedy completion. It is a pleasure to look over the first part of this work. The arrangement is clear and comprehensive and the typographical work is superb. The broad margins are a delight to the lover of books, but the text is the greatest delight of all.

A. H. THOMPSON, M. D., Jamaica Plain, Mass.

It is hard to restrain oneself from some encomium on the instalments which we have already received of your General Repertory. You are surely lightening the heart by lightening the task of every real homœopathist by this herculean work of yours, and relighting the fires of his enthusiasm for this blessed art of healing.

MARCO F. UNDERWOOD, M. D., Oakland, Cal.

The work so far is the finest thing we have in this line, and I wait with impatience for the completion of the work.

W. A. YINGLING, M. D., Emporia, Kansas.

Its arrangement enables one to more easily find what he wants than any other repertory extant. Besides it is more complete and comprehensive. I especially like the plan of giving the generals and particulars so they can be studied together.

CLIMATOGRAPHY of the Salt River Valley Region of Arizona, by Wm. Lawrence Woodruff, M. D., Phoenix, Arizona. Price, paper cover, .35; cloth, .50.

A series of studies for physicians and laymen, with meteorological data compiled from the reports of the United States Weather Bureau in tabular form, comparing Phoenix with other parts of the United States, vital statistics, etc.

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#### BOOK RECEIVED.

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A TEXT-BOOK OF GYNECOLOGY by James C. Wood, A. M., M. D. Second edition, revised and enlarged. Philadelphia: Boericke & Tafel.

## BUSINESS DEPARTMENT.

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Our readers may have observed that, although we started out as a 32-page journal, the last few issues have been increased in size, the *March* number being 48 pp. Hereafter we intend to run a 40-page JOURNAL until subscriptions justify its being permanently enlarged without increase of price. Because of the promptness with which our subscribers paid, and the small percentage of defaulters, the JOURNAL has become self-supporting without advertisements, and we hope that the same satisfactory business relationship will be continued, so that a large, clean and practical monthly may be possible as the organ for spreading truths in Homœopathy which hitherto have been ignored in many homœopathic magazines or made inert by association with questionable and contradictory teaching.

This issue is the first of a new volume and from those who wish to hold up the hands of such efforts for Homœopathy we desire continued support. This can be done by prompt renewal of subscriptions, by sending in the names of new subscribers, or names of those to whom we should send sample copies, by bringing the JOURNAL before students and recent graduates, who need just such help as it affords the beginner, and by contributing matter teaching the principles or confirming them by clinical experience.

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THE lectures on *Materia Medica* began in Vol. I., No. 1, and the lectures on *Homœopathic Philosophy* in Vol. I., No. 5. Back numbers are kept and can be supplied to students and physicians. Single copies of the journal can be obtained, price 20 cents. *The lectures are not furnished for publication to any other journal than the JOURNAL OF HOMŒOPATHICS.*

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REPRINTS of "*What the People Should Know*," by Dr. J. T. Kent, and "*Homœopathic Philosophy*," by Dr. J. C. Loos, can be had at the following figures:

"*What the People Should Know*," - - \$1.00 per 100.

"*Homœopathic Philosophy*," 16 pp., - \$1.00 per 20.

## Directory of Homœopathic Physicians.

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## DEPARTMENT OF MATERIA MEDICA.

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### CONIUM MACULATUM. (SPOTTED OR POISON HEMLOCK.)

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Lecture delivered by PROF. J. T. KENT, at the Post-Graduate School.\*

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If you will look over all the things found in Conium you will find the whole nature of the remedy marked by weakness and trembling. The symptoms abound with weakness, weakness of body and mind, trembling and palpitation. Palpitation comes on from the slightest exertion; it comes on after straining at stool; it comes on after drinking; and after all the ordinary efforts of life there is a trembling or quivering in the whole economy. Sensation of sinking down, all the limbs are weak and quiver upon the slightest mental effort. He is prostrated and always so tired. He dreads a mental effort; he dreads company because it tires him; he wants to be alone because company annoys him on account of his fatigue. When callers visiting him are announced he trembles from head to foot, he dreads to see them.

What kind of circumstances bring on such things in life? An over-struggle in business, or over-struggle in school, or depression from love affairs will produce such states. Such a condition comes after the loss of a child, friend or a companion, or in a

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\* Stenographically reported by Dr. S. Mary Ives.

mother after the loss of an infant. Such conditions also come after unusual restraint, which is attended with tension of the whole economy; restraint from sexual desire; restraint from exhibiting oneself under extraordinary circumstances. The symptoms of Conium will shine out because of such causes. From such things it is natural for people to become extremely irritable and to be extraordinarily exhausted by the efforts of the body, and such things are found in Conium. There is most marked photophobia and inability to see; every little noise completely overthrows his emotions. There is excitement of the sensories, with trembling, with flushes of heat, with hot head, with cold extremities, with extreme sensitiveness to the open air, to cold weather, so that he wants to be thoroughly clad with clothing.

In debilitated subjects who are weak and tremulous, weak in body and mind with paralytic limbs, we find a peculiar change in the tissues of the body, a tendency to indurations. The glands of the body, the lymphatics, the parotid glands, the submaxillary glands, the mammary glands, are subject to these changes; they become infiltrated and hard, and this hardness does not cease with glands, but it also goes into the cellular tissue where there has been an injury or a bruise. A bruise in any part of the body, especially in the glands, is likely to be followed by induration. An injury from an old tooth or a clay pipe on the lip is likely to be followed by infiltration and induration; a lump beneath the mucous membrane, or beneath the skin perhaps, is likely to be followed by induration. A woman unconsciously bruises one of the mammary glands against something and she thinks nothing of it at the time, but a lump comes in the breast and indurates, growing harder and larger, and this develops into a malignant tumor. Conium is one of the most important remedies, if not the most important, for lumps in the mammary glands, whether from injuries or otherwise. Glands that threaten to become malignant; hard knots in the axilla. In the site of old pustules, and boils, and cicatrices, hard lumps and nodules form. Conium has cured cancerous affections when the symptoms agreed. In Homœopathy there is never a remedy recommended for cancer. Remember how carefully I have stated it, "when the symptoms agree." Conium has often been sufficiently deep to restore order in the

economy, and all the superficial complaints have changed and become benign. In such cases with the other symptoms you would expect the constitutional state, the weakness and trembling, the mental and bodily weakness, weakness especially of the limbs, with hot head and cold extremities.

The top of the head at times feels as if scorched; scorching on the top and back of the head, commonly associated with uterine affections. The patient has vertigo when lying down and turning in bed; when keeping perfectly still or when sitting up this seems to pass away.

Wherever there are constricting muscles, they take on a spasmodic action. There is difficulty in swallowing. Inability to swallow because it seems that the œsophagus takes on a spasm and he has to wait for it to pass away; he cannot swallow and there is choking. This choking is sometimes observed in individuals who keep up a nervous swallowing, a clutching in the throat. Hysterical girls do that at times because of the globus hystericus, but the whole nature of the case is different. With Conium the swallowing is of a nervous character and belongs to both men and women. When in any emotion or excitement he continues to swallow. It competes with *Staphisagria* in that symptom, and in the absence of all these other constitutional features *Staphisagria* would cure that. I once had a German patient who was perfectly wild to play chess, but people would not play chess with him because he was swallowing all the time. He had no other symptoms, and he wanted to know if I could relieve that. *Staph.*, one dose, cured him. He has never had the symptom since. But if he had had the nervous trembling that I have spoken of, and the other symptoms, it would have been Conium. Such things are little, they are only straws. This spasmodic action which I have spoken of is often found in the urethra and the neck of the bladder, and causes the urine to intermit. When urinating the stream pauses a moment and then flows on again. This is something that belongs to the nature of Conium, something that runs through it and something that you will expect. When these constrictions take place in a case we can see a lack of balance in the economy, because they do not occur when the economy is in perfect harmony and balance, but

in nervous, fidgety cases, with jerks and twitching of the muscles here and there. They come on very slowly when Conium is indicated, from conditions arising after long, slow causes. Conditions that come on instantaneously, in a night, like acute diseases, are not like Conium. Conium is eminently suited to chronic diseases, seldom to acute. Complaints often come on slowly in persons who are greatly exhausted, persons who are broken down, bodily tired and prostrated.

Another manifestation of the weakness of Conium is impotency. The most violent sexual desire with impotency, with no ability, with no erections. Such a state is a spasmodic weakness. It is suitable in men who have indulged excessively among women, or who are old masturbators, those who have prostrated themselves in body and mind by debauch. It is more suitable in men than in women for prolonged abstinence of the sexual functions. In one who aims to live an orderly life, but is overwhelmed by his instinct, and is kept awake nights by his desire, Conium will bring him peace, will make him comfortable, will give him sleep for a long time.

Conium is peculiar in this also: he has only to lie down and close his eyes and he will be covered with a copious sweat. Many Conium patients will say, "Doctor, I do not even close my eyes before I commence to sweat."

In addition to the sweat and weakness the sleep is full of horrid, frightful dreams; he wakes up with a start, trembling and perspiring. He cannot sleep until after midnight; all the things of the day, his business and tribulations of the past, come upon him as soon as he lies down, and it is long after midnight before he can fall asleep.

The weakness of the extremities would make you at once think that if this man attempts to walk he will stagger, and sure enough he does; he staggers and trembles. His hands are awkward and they tremble, and his arms are weak and heavy and inclined to hang down, and he has an aversion, because of this weakness, to attempting to do anything. He does not want to do anything, he does not want to be talked to, he does not want any exercise. This progresses often to complete paralysis of the extremities.

On the skin there are eruptions that are hard in the



base; varicose veins, swelling of the extremities and œdema. On the lower extremities there are ulcers that become indurated and black; ulcers that are very painful, because of the indurations; pinching, twitching pains in the base of ulcers; ulcers upon the lower extremities, upon the lips, upon the eyelids, with indurated base. They sometimes crust over. This similitude would at once make you think of examining into Conium for epitheloma, and true, it has cured this condition many times. It will cure epithelioma *when the symptoms agree* and not any other time.

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### KALMIA LATIFOLIA.

#### MOUNTAIN LAUREL.

The symptoms that indicate this remedy show themselves especially in the muscles, in the tendons, along the course of the nerves, in so-called rheumatic complaints. The pains change about a great deal, wandering pains, and they are aggravated from the slightest motion. The pains spread from the centres to the extremities, the wandering pains go downwards, down the arms, down the back and down the legs; from the shoulder to the fingers, and from the hips to the toes. These pains sometimes shoot like lightning, again they tear along the course of the nerves, along the sciatic and crural nerves, down through the calves. In rheumatic constitutions the pains are dull, tearing, crushing and pressing, and are aggravated by motion. Motion will bring on the pain or aggravate it when it is present. The head pains are very severe. They often begin in the back of the neck or back of the head, and extend to the top of the head. There are also pains in the front of the head, pains over one or both eyes, rending, tearing, neuralgic pains aggravated by heat and motion.

Pains come and go with the sun, that is, they begin in the morning at the rising of the sun and increase till noon, then gradually decline and disappear at sunset. He is incapacitated for mental work when in motion and even when sitting up, but, when lying upon his back perfectly quiet, making no motion, the mind works well and with clearness; with the slightest motion, however, even of the hand, on comes vertigo and confusion of mind. Moving about disturbs him, makes him incompetent.

With these symptoms there is cardiac trouble of rheumatic origin. The condition has increased until organic disease has come, even extending to thickening of the valves of the heart. This remedy has cured that state. Palpitation very marked when lying on the left side, > when lying on the back, sometimes > when sitting erect, < when bending forward. These symptoms alone cause this remedy to stand out in relief. You have seen no remedy in all those we have talked about this year that looks just like what I have said. It is useful in rheumatic patients where syphilis is at the bottom, syphilitic rheumatism that has taken the course described until finally the heart has become affected and there is thickening of the valves. Shooting pains through the heart, pains in the chest, intermittent pulse, pulse skipping a beat now and then. Either the arterial or venous system, or the valves of the heart, or both, may be affected. Dyspnœa upon any kind of exercise, cardiac dyspnœa. You have a remedy in this medicine for such complaints. It goes to the very bottom of syphilis, in old cases of rheumatic syphilis, and has cured many a cardiac complaint that was the result of syphilis. You will be guided to it especially if the pains are flitting and wander about from place to place, and if they go from above downwards, if they go from the shoulder down toward the fingers, from the hips toward the feet, or down the spine. It is also suitable in old cases of gonorrhœal rheumatism when the symptoms agree.

The first symptom in the text is sometimes associated with cardiac symptoms. The slightest motion, the slightest effort or exertion brings on the vertigo, and this is due to disturbance of the circulation. The heart is so susceptible to any exertion that disturbance of the circulation of the blood in the brain comes on from the slightest motion. "In a recumbent posture mental faculties and memory perfect, but, on attempting to move, vertigo." Now if the patient persists in moving, nausea and vomiting will follow. It has palpitation of the very worst sort, shaking the whole frame, audible, vehement palpitation. He cannot lie on his left side.

It is suitable in old, troublesome, recurrent headaches associated with cardiac affections. A headache will come on daily if the sun comes out, but it will not come on if the day is clouded.

He is aggravated from the light of the sun and the increasing brightness of the sun's rays.

In addition to these there are paroxysms of pain that are nightly. These are the bone pains, pains in the shin bones as if the periosteum would be torn off; these pains come on at night. Therein we have the similitude to syphilis. It is well known in syphilis that the < is at night. It is an antipsoric, antisycotic and antisymphilitic, it can be selected when the symptoms agree with any one of the three miasms. Pains in the pericranium, pains in the bones nearest to the surface; when going to bed at night the pains become very severe and last all night. This night aggravation is especially true of the marked antisymphilitic medicines. It is found under *Hepar* and *Mercurius*; but in none of the medicines do we find it so strikingly manifested as in the disease, or miasm, syphilis itself. In syphilis the < comes with the setting of the sun. You will observe that the pain comes at whatever time is marked in the almanac for sunsetting, and that it goes away with the rising of the sun. It is one of man's enemies that does its work in the night. Many of the complaints of sycosis conform to the day hours, and the pains are < from the rising of the sun to the going down of the sun. Medicines also have such queer whims. We must study medicines as we would human character. Some of them seem to be extremely whimsical, and it is by knowing these whimsical, strange and peculiar things that we are able to mark the character and nature of the remedy. When we know these peculiarities we have found the circumstances under which the remedy works best.

Now there are kidney affections. When you have learned more, by practice, you will observe that all the organs are related to each other, but especially the heart and kidneys. When the kidneys are not working well, the heart is very often troublesome. All through the varying forms of Bright's disease the heart is troublesome. Difficulties of breathing, difficult heart action, with albuminuria. *Kalmia* is a great palliative when the cases are incurable. It will relieve the breathing. Again, associated with kidney affections, we have a good many eye complaints, difficulties of vision, and these also, especially, call for this remedy. It is often indicated in albuminuria and Bright's disease, with disturbance

of vision, occurring during pregnancy. For the pains in the eyes, the stitching, tearing pains that occur during kidney disturbance in pregnancy, or during albuminuria, *Kalmia* becomes a remedy. This remedy is useful in neuralgias; neuralgia of the eye, neuralgia of the face, violent, rending, tearing pains in the face. Sometimes it takes the form of a nightly < and sometimes it takes the form of daily <. The aggravation in the daytime comes and goes with the sun. The < at night time comes with the lying down. "Anxious expression of countenance" associated with rheumatism of heart. "Flushing of the face with vertigo."

After the disappearance of a herpetic eruption, violent neuralgic pains, shooting, rending, tearing pains in those nerves that supply the part where the eruption was. When shingles, ring worm (another form of herpes), cold sores, or isolated vesicular eruptions disappear suddenly from some violent cause or inappropriate treatment, or from the patient catching cold, violent neuralgias sometimes come in their place and continue until the eruption comes out again. This medicine becomes suitable if the symptoms agree; that is, if the whole patient is in agreement with the state of the remedy. The pains are stitching, rending and tearing, very severe, sometimes cutting and shooting when this remedy is most useful. The pain will seem to take hold of a nerve and will hold on to it for many minutes, coming with violence, coming suddenly and letting loose suddenly. Pains come in the extremities in the same way, taking hold as if the nerve were being pinched by nippers, or as if it were being torn to pieces. "There, now it is gone!" says the patient. Pretty soon, again, you will see his face in a state of horrible distress. The pain is there again and he cannot move a muscle, and, "there, it is gone!" he says, and it remains away for some minutes and sometimes for hours.

The heart has nearly one and a half pages of symptoms, which you will do well to read through. "Fluttering of the heart, palpitation of the heart." "Palpitation up into the throat, after going to bed, trembling all over," &c. I remember a patient that came to me, an old syphilitic, who was told if he ever made a violent move he would die, the valves of his heart were so badly

affected. You could get all the murmurs that it seemed possible from the heart valves. He had travelled all over and had taken large doses of mercury, and his syphilitic condition had to a great extent been suppressed, until finally the whole trouble had located in the heart. A single dose of Kalmia 45 m. removed all the dyspnœa and palpitation in a few months' time without any further repetition, and it was nearly two years before there was a marked return of the symptoms, and a repetition of his dose put him in a state of health, so that he needed no more medicine. This shows what a deep-acting remedy Kalmia is, how long it may act, what wonderful changes it may effect. A medicine must be capable of going deep into the life to do such things.

"Wandering rheumatic pains in the region of the heart."  
"When articular rheumatism has been treated externally and cardiac symptoms ensue." Not uncommonly you will meet such things. These "rubbers" that go around on the streets with a strong liniment and considerable magnetism frequently do cause a rheumatism to leave the knee joint, and, when it does that, the heart is likely to be the organ that suffers. Then Kalmia, *Bryonia*, *Rhus tox.*, *Ledum*, *Calc.* and *Abrotanum*, and sometimes *Cactus*, are remedies that prove suitable for such cardiac affections. Rheumatic affections that are driven away in this manner are changed without being cured. The people cannot realize the danger of merely removing symptoms. Every removal that is not in accordance with cure affects the centres of man, that is the heart and brain. Rubbing is a dangerous thing. When you are importuned with the question, "Doctor, will it hurt me to have this rubbed?" you reply, "No, if it does not do you any good." Well, everybody will want to know what you mean by that, and you can answer: "If rubbing does not effect any change in the symptoms, it don't do you any harm; if it benefits you, it does you harm." In proportion as it mitigates the symptoms or relieves, just in that proportion it does the patient considerable harm, for the whole vital economy is weakened. There are instances where rubbing is of benefit, but not in rheumatism. In paralyzed muscles it is a beneficial exercise, for then rubbing can take the place of exercise of the patient himself, of the muscles. But rubbing is not admissible if it is used to reduce pain. The

more agreeable it is, then the worse it is for the patient. In a *Phosphorus* patient you would be astonished what wonderful relief they can get from rubbing. Why is that so? Because there is no person more inclined to be weak in the vitality, in the internal economy, than the *Phosphorus* patient. He is an excitable, weakly patient and feels better by rubbing and craves it, but if he has rheumatism in the knees and the knee is rubbed the rheumatism will go to the heart and he will die. The *Phos.* patient loves to be rubbed, because rubbing relieves the symptoms; he loves to be magnetized.

“Weariness of all the limbs; shuns all exertion.” “Weakness the only general symptom with neuralgia.” This weakness is a state that you can glean something from. When severe pain is fatiguing the economy the heart is threatened. A general weakness, prolonged weakness after confinement, or from the pain, as we find in *Hepar*, but with the weakness, these pains are threatening to leave their parts and go to the heart. He is perfectly exhausted and continuously tired.

The text speaks only of *Aconite* and *Belladonna* as the antidotes. *Spigelia* follows this medicine very well and antidotes it. *Benzoic acid* is a natural complement to it. *Calc.*, *Lith. carb.*, *Lyc.*, *Nat. mur.* and *Puls.* are those medicines that are closely related and should be compared.

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## LEDUM PALUSTRE.

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### MARSH TEA.

This medicine comes up well after the study of *Lachesis*, for we find in the pathogenesis a good many features similar to those in *Lachesis*. It has the mottled aspect and the same puffed and bloated appearance of the face. It is extensively antidotal to *Lachesis*, to the poison of insects, to the poison of *Apis* and to animal poisons.

Ledum is a great remedy for the surgeon, and is closely associated in traumatism with *Arnica* and *Hypericum*. The symptoms very much resemble such as follow certain kinds of injuries, for

instance an injury from stepping on tacks, from puncturing with needles, wounds that bleed scantily but are followed by pain, puffiness and coldness of the part. In walking over the house a person steps on a nail and it pierces the sole of the foot or the heel, or he receives such a wound in the palm of the hand from a splinter, or runs a splinter under the nail. If, after such punctured wounds, the part becomes cold and then appears to be pale, paralyzed and mottled think of *Ledum*. The horse on going over the roads sometimes steps upon a nail. If that nail goes through and strikes the margin of what is called the coffin bone, tetanus will follow. It is known to be almost sure death. Put *Ledum* on the tongue of that horse and there will not be any trouble for it removes the tendency to such results.

When tetanus comes on from punctured wounds in the palms or soles, or in other parts, think of *Ledum*; or when you have a punctured wound to treat, give *Ledum* at once and you will prevent tetanus. When the finger nails have been torn, or the nerves in sentient parts like the ends of the fingers have been torn and lacerated, *Hypericum* becomes the remedy. For bruising of various parts, and when the patient feels as if bruised all over, no matter how extensively he is bruised, *Arnica* is the remedy. It may be said, for punctured wounds study *Ledum*; for lacerated wounds of sentient nerves, study *Hypericum*; for bruises, study *Arnica*; for open lacerations and cuts, study *Calendula*. The conditions that come from the external ought to be remedied to a great extent by external means. A solution of *Calendula* is excellent in conditions that come from the external, and it should be applied externally. When you have lacerated wounds and cuts with knives or other sharp instruments, apply *Calendula*, because the injury is external without internal effects. Always treat symptoms from the internal. The symptoms that arise from internal cause, treat with internal remedies, and symptoms that arise from external cause, when all that there is of the case is external, treat locally; in other words, for local causes use local means, and for internal or dynamic causes, use internal means. Always protect surfaces that are exposed, and raw, and bleeding with something of a bland and superficial character. Wounds must be dressed, and dressed with as simple a means as possible, and there is no simpler

dressing than *Calendula*, one part to four or six of water. The tincture will smart too much. Your open wounds will granulate most beautifully under *Calendula*, and you will have no constitutional effects. When the constitutional state is orderly and there is an open injury let the constitution alone, but put on some soothing application externally. Air is an irritant to a raw part and will keep up an unnecessary discharge of pus, even from a perfectly healthy sore. *Calendula* will keep it protected. The sides of a cut must be drawn together, and if it is perfectly tight it will heal itself by first intention. If it does not, then you may know there is a constitutional condition that you must ferret out and find the remedy for. Local treatment must then be suspended. These remedies that I have mentioned, to a great extent, cover the management of wounds, and it is pretty simple. Anyone has sense enough to draw together and close up a yawning wound, and to properly dress it. The muscles that naturally draw a wound open have to be overcome by stitches or by strappings. They do not belong to prescribing, they belong to the surgeon.

The *Ledum* patient is very often subject to what may be called constitutional coldness, coldness to touch, coldness in the body and coldness in the extremities with hot head, and again we see the other extreme, where the whole body is overheated, and the head also is in a state of great heat. There is throbbing and pulsating all over the body; the skin is purple or is too highly colored; he wants the covers all off at night. It is not uncommon to hear a patient, who has a *Ledum* headache, say that she wants the head out in the cold air, wants to put it out of the window, does not want any covering upon the head; delights to bathe with very cold water, even to be sponged off with ice cold water.

*Ledum* has a bloated condition of the hands, and face, and feet; bloated and purple from the knees down in certain dropsical conditions. With this purple, mottled, bloated condition from the knees to the feet the tissues are as big as the skin will allow, and the pain is simply excruciating. Now the only relief that patient gets is by sitting, by the hour together, with the feet in a tub of ice cold water. I remember the first time I ever saw this in a patient. He was an old syphilitic, whose nasal bones had been eaten out by syphilis, and his nose was a flabby piece of skin; it



had no stiffening in it. He was an old drunkard, too, and was extremely abusive to his family when drunk. He had been for several years unwilling to work, having lost his ambition; and he would sit in the house and allow his wife to wait upon him. He had practically become a tramp, only he could not tramp, for this dropsical condition had come on and his feet were so badly swollen and sensitive that he sat in the house day after day. When I first saw him he had before him a good-sized old-fashioned wash-tub, and there he sat with the ice water two-thirds up to his knees and pieces of ice floating around on the top of the water, which he liked to have coming in contact with the skin. When that ice was out he would put in more. The wife described his sufferings by saying he "suffered agonies something dreadful." Well, a dose of *Ledum* 2m J. took his feet out of the ice water so that he never used it afterwards. It caused the purpleness to disappear, the swelling went down, the bloating went out of his feet, and he quit drinking. *Ledum* cured him of very much of his syphilitic trouble, and he never had a return of that original state. *Pulsatilla* and *Ledum* are the two principal remedies that want the feet in very cold water. But *Ledum* suited that man.

Where there are inflamed surfaces the tendency in *Ledum* is to bleed, and the blood is black. The most of the *Ledum* patients are full-blooded and plethoric, of a robust character. Such plethoric patients bleed easily, have red faces; they are fleshy, strong and of robust constitution. Hemorrhages sometimes occur in the chambers of the eye, hemorrhage of the nose, hemorrhage in cavities, bloody urine.

Old painful ulcers that eat, phagedenic and spreading ulcers that are mottled round about, in a constitution that always wants to be cold. The ulcers are relieved by cold.

This medicine is of a rheumatic nature, rheumatic and gouty. It is a wonderful gouty medicine, having complaints in persons who suffer from gout, and have chalk stones in their joints, deposits in the wrists, fingers and toes. The deposits commence from below upwards. The gouty joints become suddenly inflamed and are relieved by cold. *Ledum* especially singles out the knee; it is suitable in old prolonged cases of inflammation of the knee-joint, of rheumatic knee-joint, You will find such patients sitting with

the joint exposed to the cold, fanning the joint, or putting evaporating lotions upon the joint, such as chloroform, or ether, or a weak solution of ammonia, which give relief to the joints while evaporating to dryness.

The face I already described as puffy or bloated like the *Lachesis* face. It is a besotted face and looks very much like the face of an old drunkard. Ledum does counteract the effect of whiskey, and takes away to a great extent the appetite for whiskey. Ledum is to whiskey what *Caladium* is to the smoking habit. You can break patients very often from the habit of smoking so that they often go to the other extreme, and have an aversion to it.

It has erysipelas, as you might expect. It has a blue, mottled and puffed and sometimes œdematous appearance. At times it takes on a more acute character and becomes burning. Phlegmonous erysipelas of any part of the body, but particularly of the face.

You might naturally suppose that a medicine that has such a gouty nature in it would have more or less kidney symptoms, and it has. "Urination frequent, quantity diminished or increased, stream often stops during the flow." "Burning in the urethra after urinating." "Itching redness and discharge of pus." I will tell you, in addition to that, some other things it has. It has red sand in the urine as marked as in *Lycopodium*. It has great quantities of sandy deposit of various colors. When the patient is feeling at his best, there are great quantities of sandy deposits passing away. When there is little deposit in the urine, the gouty deposits in the joints become marked, and he does not feel so well. It has another symptom that was verified by Lippe : Copious quantities of clear, colorless urine, light in specific gravity and from its being light or deficient of salts in the urine we have an aggravation of the gouty manifestations. Remember, that the rheumatic tendency spreads upwards from the lower extremities, from the circumference to the centre.

"Menstruation too early, too profuse, bright red ; absence of vital heat." Great coldness of the body at this time, yet the patient wants the cold air. Copious menstrual flow. Old gouty subjects, with mottled face, with the puffiness that is not œdema, simply a venous stasis, purple, mottled, with copious menstrual

flow, with great pain during menstruation. The uterus is extremely sensitive to touch, and the pelvic organs are so sensitive that any deep touch becomes painful to the patient. Dysmenorrhœa in gouty subjects. It turns the constitution into order, and prevents the after-formation of gout. When such cases are very deep-seated, the uterine troubles will be cured in middle life, and the gouty appearance will come separately. The better the internal is, in an incurable disease, the worse the external becomes, and, when this is so, the external trouble is essential to health, and so long as the external manifestations are in the extremities, and the joints are being increasingly affected, so long the internal is in a state of order. When the remedy works in that way, do not change it, and try to get something that will drive the external away. So long as the patient is improving and the external is growing worse, that is the right direction. Now *Ledum* acts in this direction. Its tendency is to make complaints go away from the centre, for its complaints begin in the circumference and go towards the centre. It is sometimes impossible to manage a gouty patient without giving them some sort of explanation. *Lycopodium* also keeps things coming to the surface. It will send them back to their own place in the externals when they have a tendency to go in. *Lycopodium* often causes a return of the red sand in the urine.

“Emaciation of suffering parts.” Let me tell you how that is. A nerve is injured by a punctured wound and a slight infection takes place, so that the wound becomes congested, and inflamed, and ulcerates, with a mottled, œdematous appearance, and the part becomes cold, just such a condition as *Ledum* will cure; but *Ledum* is not given. The nerve that supplies that part takes on an ascending neuritis, pains shoot along the nerve, the muscles that are supplied by that nerve dwindle and the part withers. We have in *Pulsatilla* a similar state: “The diseased limb withers.”

ALLIUM CEPA.

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MAYBELLE M. PARK, M. D., H. M., Waukesha, Wis.

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We all remember those terrible, piercing, throbbing earaches which in childhood woke us at night and set us screaming for our mother. She would come to us in the dark and try to quiet us, but sleep was banished by that agonizing pain; then, with the assurance that she would soon have something to cure the pain, off to the kitchen she would go, peel and heat an onion steaming hot, and apply it to that painful ear. What a relief! We also remember how the steam coming up from that onion lying between ear and pillow brought tears to our eyes, the odor tingled and pricked our noses, making us sneeze until, relieved of the pain, we soon fell asleep again.

Even to this day, if we wake in the morning with a cold there will certainly be onions for dinner, and we are induced to eat them by the positive assurance that they will cure our cold. As children, our stone-bruised feet and places where the shoe had chafed were bound up with onion. So there drifts upon our memories as one of childish recollections the odor of the healing balm of *Allium cepa*.

Our knowledge of the vulgar vegetable is now more minute, more classified, but no dose administered will ever bring more blessed relief than the application our mother made to that painful ear. Probably olfaction gave the quick homœopathic effect.

The *Allium cepa* patient brings on these pains and troubles by staying out in the wind, skating until heels and toes are frosted, yet what suffering when the affected part is brought near the heat; it burns and tingles and smarts; the only comfort is in keeping it cool. After a drive in a cold wind the patient has a bad cold in the head, the eyes are red, watery, with a mild lachrymation. The discharge from the nose is so acrid that it pricks and burns, causing much sneezing. There is a red streak on the lip below each nostril, the edges of the nostrils are red from the excoriating discharge. The discharge gets down into the throat, causing tickling and smarting and a hacking cough. With this

state the patient is restless; dull, heavy feeling; an anxious expression with needle-like pains shooting about the face. Face red, hot, swollen. Dull pain in all the teeth; dull earache or shooting in the eustachian tube. Bad breath, dryness of the mouth, thirst, with feeling of lump at root of tongue. Loss of appetite, craving for onions, and great thirst. While in the open air the patient is more comfortable, but in the house and towards evening all the symptoms become more distressing. At the same time there may be painful urinary symptoms, great sensitiveness in the region of the bladder, burning and frequent urging to urinate; increase of urine, which is red and causes burning in the urethra. The cold may extend down into the larynx, when we have hoarseness and constant hacking to relieve the tickling which is aggravated by a breath of cold air. The cough causes rawness of the larynx. Coughs until he loses breath, takes a long breath, then must sneeze so hard that it racks the whole body and seems to split the larynx.

Corresponding to and corroborating the practice of old ladies we find in the Guiding Symptoms: "Sore and raw spots on the feet, especially heel, from friction."

The patient is restless, hot, then cold; < evening; < lying down; < in warm room; > open air, but cough caused by breathing cold air. Toothache > cold water; > motion.

*Allium cepa* may be used to relieve the attack of hay fever when the symptoms correspond, but it is not deep enough to affect the psoric constitution and insure against a return of the fever the next fall.

Measles may call for *Allium cepa*, with prickling, tingling eruption, red lachrymating eyes, acrid nasal discharge, rawness of throat and larynx, with hacking cough.

Thus we go from food to remedy, from material to immaterial, in our search for the most efficacious healing substance.

## INVOLUNTARY PROVING OF COFFEA TOSTA.

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WM. D. YOUNG, M. D., Buffalo, N. Y.

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The following symptoms occurred in a girl 20 years old, after taking several cups of strong coffee before bedtime. They all were experienced within the first few hours in bed:

Neuralgic pain (sharp) in supra-orbital nerve, extending through eye into malar bone, first right, then left side. Pain at first dull then sharp.

Micturition frequent and copious.

Restlessness.

Sleeplessness, from many crowding thoughts, of all kinds.

Cold feeling throughout whole body, with shivering.

Cold skin and limbs.

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## CASE FROM PRACTICE.

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L. HOOPES, M. D., West Chester, Pa.

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1898.

January 16. Was called to see Mrs. W., aged about seventy, nervous temperament, spare habit.

Vomiting and diarrhœa.

Frequent retching, but gets little up and that is bitter.

Tongue whitish; taste bitter.

Retching < from everything taken into the mouth.

Diarrhœa, brown liquid; very offensive.

Before stool cutting pain in hypogastrium.

Must go at once.

After stool pain > and feels comfortable a few minutes.

Bowels feel sore.

Very restless, can't be still a minute. Feels better when moving constantly.

Aching in back and limbs.

Bed feels hard.

*Pyrogen cm.*, one dose.

Complete relief in half an hour.

I first gave *Ars.* 2c. without any relief whatever.

## DEPARTMENT OF HOMŒOPATHICS.

## LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT, at the Post-Graduate School.\*

## LECTURE X.

Several paragraphs now to be read are scarcely more than a recapitulation of subjects already spoken of. In going over previous paragraphs I have introduced these points in advance, because it was natural to do so in connection with the subject in hand. I will therefore glance over them until we reach something new.

In the thirteenth paragraph Hahnemann says:

“Therefore disease (that does not come within the province of manual surgery), considered, as it is by the allopathists, as a thing separate from the living whole, from the organism and its animating vital force, and hidden in the interior, be it of ever subtle a character, is an absurdity that could only be imagined by minds of a materialistic stamp, and has for thousands of years given to the prevailing system of medicine all those pernicious impulses that have made it a truly mischievous (non-healing) art.

The material notion referred to was that existing in the time of Hahnemann. Materialism is still growing. It seems impossible for the majority of men of the present day to perceive. Perception, that is seeing with the understanding, seems to be entirely lost. The materialist refuses to believe anything that does not conform to the laws of time and space. It must be measured, it must be weighed, it must occupy space, or he has no idea of it, and will distinctly affirm that without this it is nothing and has no existence. Everything beyond this is to the material mind poetical, dreamy, mysterious. So they look in vain in the material world for cause. You will never find a material entity as in any way causing anything. It has no causative power, no creative influence, no propelling influence. It can own everything of a material character, it is something that is acted upon or caused to act or move. Causes or simple substances are, in the natural state, in

\* Stenographically reported by Dr. S. Mary Ives.

motion, and cause motion in the bodies that they occupy; the natural state for simple substance is that of power, of mobility, of activity. The natural state of matter is rest, quietude, silence; it has no power to move unless acted upon. Like the dead man, whose tissues are at rest, it has no action of its own. But the simple substance dominates matter and animates it. The two worlds, the world of motion, activity or power, and the world of inertia, exist in one. There is a world of life and a world of dead matter. The realm of thought and the realm of matter are the realm of cause and the realm of result. Causes are invisible, results are visible. We see the actions of material substance, but the thinking man has only to reflect to see that these actions that are visible in material form are but results of the causes that exist in the form of simple substance which is invisible to the natural eye but visible to the spiritual eye or understanding. The materialist cannot grasp this idea, he cannot think in this way. We have the grandest confirmation of these things in the wonderful action of our potencies in the varying degrees in which they operate upon man, from the lowest to the highest. You will discover in course of time that in a large number of chronic diseases our antipsorics will cause changes in the economy, curative or otherwise, in from five to seven different potencies. In this you have the demonstration of distinct and continuous degrees of simple substance, and their relation to different planes in the interior of the economy.

§14. There is, in the interior of man, nothing morbid that is curable, and no invisible morbid alteration that is curable, which does not make itself known to the accurately observing physician by means of morbid signs and symptoms—an arrangement in perfect conformity with the infinite goodness of the all-wise Preserver of human life.

This we have already spoken of. Every curable disease is made known to the physician by signs and symptoms. Incurable diseases have few signs and symptoms, and by their absence the disease is often thus known to be incurable. By watching the patient gradually decline without any symptoms but those which are the common expressions of pathological conditions, we see that the case is incurable and is going down to death. All curable maladies, therefore, have signs and symptoms in order to make themselves known; their purpose is to shadow forth the disorderly



condition of the vital force or interior of man, so that the physician may read it and understand its nature. This imaging forth when the human race is in a state of ignorance, or materialism, is like seeds sown upon stony ground; there is no man to understand them, to apprehend their meaning. The images of sickness are continually being formed, and only wait for a man intelligent enough to observe them, to understand their meaning, to translate them, and it is possible for men, by the doctrines of Homœopathy, to become wise and intelligent enough to be conversant with these signs. In this paragraph we also see Hahnemann's recognition of Divine Providence. It was the very recognition of Providence that enabled Hahnemann to become a man, and being directed by Divine Providence enabled him finally to perceive the law. When his little ones were being hurled into death by strong drugs the first thought of Hahnemann was that Providence had not made these little ones to be destroyed by medicines; it seemed to him inconsistent that they should be made to take this miserable stuff. In all your experiences, if you live to be very old, you will find a very poor lot of homœopaths among those who do not recognize Divine Order. You will find among them false science, experimentation, but never any government of principle, no thought of purpose, order or use.

Hahnemann was not in the strictest sense the discoverer of the law, for Hippocrates said that disease might be cured either by opposites or similars, but Hahnemann discovered this by pure experimentation and the following out of strict order. After reading it up he found corroboration of the principles he had discovered, and he followed along the line, growing wiser and stronger, until he formulated the code which is so simple and yet so complete. Very few are able to read the *Organon* at first and see anything in it but words, and yet the oldest practitioner of pure Homœopathy finds nothing in it to change and the older he grows and becomes more active in work the more he depends upon it and the more consistent it becomes. Although I have been teaching the *Organon* for many years, I never go over it without discovering some new thought in harmony with the general teaching. The continued study of the *Organon* brings a deeper and deeper understanding of it, because it is true.

In the 15th paragraph another thought comes up which still further shows the unit of government which we have dwelt upon so much in past lectures. Everything that flows from a centre must be considered in connection with that centre. Man in his healthy state is but the result of the normal activities of a unit, and he must be considered as a unit. In other words, his healthy vital force is the result of action from a centre. On the other hand, when man becomes diseased, in his disordered or diseased state he is still a unit and has to be considered collectively. It is not to be considered that his physiological action produces his morbid actions, but that his morbid actions so completely dominate him that he is one morbid state. This is again illustrated when he is dominated by the action of a drug (when a drug instead of a disease possesses him), then we see a morbid state, but it is still a unit of action. There are three different subjects forming a union of study, the study of man in his natural state, the study of man in his sick state from natural disorder, and the study of man in his sick state from artificial disorder. Each remedy must be studied as a unit first and then those units may be compared. To intermingle comparative materia medica without a full knowledge of units is a mistake. This I have found out by sad experience in my earlier teaching. I have taught much comparative materia medica, thinking that a wise course to pursue, but have since abandoned that plan and now study each remedy as a unit, just as I advise the study of each disease as a unit. When one remedy is fully mastered, or one disease is fully mastered, then you are ready to compare. First of all think of measles as measles, and whooping cough as whooping cough, and, when you come to the chronic diseases, ascertain all the things that have been observed in syphilis, and all the symptoms that have been observed in sycosis, and all those that have been observed in psora. You are then prepared to enter the study of the materia medica and see the relationship of some remedies to the acute miasms and the relationship of other remedies to the chronic miasms. You will see particularly the image of measles in some remedies, the image of whooping cough in others, and the image of psora, syphilis and sycosis in others. Then you are ready to proceed with what may be called individualization,

because these are the most general, and from these we go into particulars and then into comparison. This is the classical way to proceed, and when it is followed the physician becomes wise and intelligent and can apply the *materia medica* with wonderful precision. Such was Hahnemann's method.

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## THE HEALING PRINCIPLE.

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PROF. J. T. KENT, M. D.

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The vital principle that pervades all simple and complex organisms and substances manifests itself through various media and under varying circumstances. The grain of musk that was exposed for seventeen years in an open atmosphere, constantly revealing itself to all who entered its aura, was not perceptibly reduced in weight or power to impress the olfactories.

The protoplasm reveals its life to vision by the aid of the microscope, by motion, which is an actual observation.

The class of inert substances, of which silica is a prominent member, develops its life force when acted upon by the elements of the animal and vegetable kingdoms. This class, therefore, negatively demonstrates that there is life in so-called inert substances.

There is no substance known to man that does not possess life, lower or higher, in proportion to the complexity of its organization, growing higher and higher in order and manifestation until the image of the Creator of all things has been reached. Shall it stop with man? No; the higher type is yet to be seen in God, the author of life and its every medium.

We observe that the animal body loses its identity or individual vital energy, and the elements instantly manifest their own individual vital forces, each to its kind, like busy bees, until the shapeless mass has been transformed to its original dust.

The acting and acted upon, the lively and inert bodies and substances are observed throughout nature. To make use of the

lesson of life is the demand of the day, through which the healing principle or life can be measured and its nature as a force perverted, an idiosyncrasy is to be corrected, or, if you prefer, cured.

The blending of these forces are the complexities of living and healing. We see the blendings of life and death into each other, until the one disappears within the other. If it be life perfect and pure, it is the complete absence of visible death. Midway between life and death we see perfect equilibrium. This condition becomes the necessity of all reproduction or nutrition, through which we observe life living and acting upon its media.

The slightest defect in the vital operations creates friction, and the machinery wears out rapidly, becomes heated; death increases, and this, that was a slight defect, becomes a threatening monster; yet, great only through results, as we know that the very gentle force, properly applied, corrects the original defect and the grand old machine soon returns to normal action. Some call this defect an idiosyncrasy. The defect may or may not be an idiosyncrasy. In olden times we said "this patient cannot take Calomel" because she is so susceptible to its action that the smallest dose has been known to salivate and do great injury. People are often susceptible to a substance that will do them great good if the positive and negative of life are duly considered and applied. Cure is often contagion as well as disease; when the vital energy of the disease cause be taken in too great an incept, disease is the result, but if the sphere of vital plane of the same cause be elevated to the quality that becomes corrective, the contagion becomes cure. Cure must seek the same *via* as cause; in entering the economy, it must rap at the same portal.

The aura of a given substance causes sickness. This has been observed by long distance inhalation of the Rhus vine. The rose causes sickness in some people. This has been observed in the painter who takes colic from the aura of his brush, even when painting in the open air, or the same colic may come from sleeping in a newly painted room. If so small a quantity can make him sick, why would it not be a wise experiment to attempt to reach a quality so subtle that it would make him well enough to resist this aura on other occasions. If the vital wrong can be cor-

rected he is well, and his resistance has returned, which is his protection. If a chemical antidote should be suggested it would surely be reasonable to inquire what we expect to antidote, as the substance known as the sick-producing cause was too small to be observed by the aid of the microscope, and was an insoluble, and yet it was so powerful that it made the individual sick. Not all are so affected. Quite likely the healthy man is not so affected, therefore the contagion, for such it was, could be due to nothing but the lack of health or sickness. Then this, which is a recognized idiosyncrasy, is sickness. Was he sick before he took the colic? Was he sick before he was sick? What is sickness?

The curative remedy is sometimes pointed out to the intelligent physician by accident through symptoms.

The animal organism can generally resist the crude substances when the lower attenuations may make him sick, and this is especially true of substances inert and insoluble.

It has been observed that the negative state may be intensified by large incepts of a given poison. A subject is rendered more sensitive to Rhus after once having been poisoned by it

The causes must be very similar when the effects known by symptoms are so nearly identical, hence it is that persons susceptible to the poison of Rhus are also equally susceptible to the curative or correcting principle.

Rhus apparently cures Rhus poisoning in some cases, but actually cures the patient because he needed Rhus or a similar dynamis as badly before as after he was poisoned. The incept that caused him to become sick was too large to cure and it made him sick. The highly potentiated Rhus cured him of the sickness he had before he was poisoned, and the disease that he *has* instantly ceases, as its cause is overcome by the normal vital reaction; he not having taken enough of the poison to make a well man sick or worse, recovers his normal state in a few days. Then Rhus has not cured Rhus poisoning, but the patient of his susceptibility to Rhus poisoning.

How different is this state from the state of large dose poisoning by Morphine or any other crude drug which must have its own antidote. In one case the patient *was poisoned because he was sick*, and in the other he *is sick because he is poisoned* and was

*not susceptible to the drug that made him sick, and cannot be impressed by that drug in toxic quantities.* This again brings out the positive and negative state of the human system in which the individual may be as unable to protect himself against cure as cause, as unable to resist cure as cause. Cure and cause are different planes in the same sphere.

What is contagion, as understood, and what is cure but the irresistible appropriation of some unknown energy applied by accident or intelligence. We have seen that Rhus cures the patient of his sensitiveness to Rhus as well after as before he was poisoned by it. This is not Isopathy, as it was not Rhus that was cured but the patient, and it was simply pointed out to the intelligent physician by the accidental poisoning wherein Rhus was pointed to as one of the medicines that he is sensitive to, it being fully understood that the patient is always highly sensitive to his needed medicine. This, therefore, is but a centering of a complex of symptoms in a homœopathic problem.

The negative state of the body as observed is utilized by the electrologist or magnetic controller and demonstrates many facts. The mesmerist, by his peculiar movements, so acts upon the negative subject that the latter is deprived of sensation; his tongue can be punctured and a needle passed through; he can be managed like an automaton, without sensation; but the positive subject cannot so surrender himself that he is negative in the slightest degree. Some can by slight resistance oppose the mesmerist, others are at once controlled and made unconscious. In this state the forces of the body are alone disturbed, the tissues are unchanged. Can disease be more than this primitively? I need not be more. It is not more, while all tissue changes are the *results* of disease. With this thought in mind, it must seem strange that men study morbid anatomy to be able to find means to correct a wrong that is wholly vital. It must seem strange that a learned profession will still hunt with the microscope for the germ that causes the cholera, yellow fever and zymotic sicknesses; searching among the results of disease to destroy its cause. As well examine a grain of wheat under the microscope to ascertain how tall a stalk it will grow, or to ascertain whether it will grow anything; as the lens has never discovered the vital spark in that

grain of wheat, it will not likely become a safe guide to the nature of a vital energy in disease cause or curative force.

The pathological anatomy is the intermediate state, while the external image, made of sensations, is a perfect likeness of the primitive state; the true disease, and these only correspond with each other, and in these only do we see fathomable harmony.

The study of morbid anatomy can never reveal the remedy to correct the ills of man, no more than the study of the bark of the poison oak will reveal the cause of its life force being such a disease producer or poison. As well to study the root of aconite under the lens to see what it will produce upon the animal force as to study pathology to ascertain what entity will subdue it and drive it from the human body. The curative principle is not found in that way.

Two negatives make an affirmative.

Take it for granted that there is a minus state we call susceptibility. If we apply the drug power we shall see that if much of the drug makes sick a small amount of the drug still makes sick, so small an amount that people ordinarily are not disturbed, yet this sensitive one is made sick; extreme reduction of the quantity still makes sick, until a plane is reached similar in quantity to that of the dynamis of the sick-making cause; then it is that the two minus states or conditions are fulfilled and sickness does not follow and the susceptibility has been unconsciously removed. This has been observed in seeking cure by change of atmosphere, and cures have been known to be cures when consumptives have fattened in malarial swamps.

When the curative power of the corrective agent is observed it may be said that two negatives meet and a positive is the result, or health or cure. Similar has sustained the great law.

The sensitive state has been produced by a peculiar atmosphere and cholera or smallpox is the result. If it be the latter disease that is prevailing all people not protected become susceptible, and the poison or noxious influence takes life in the negative condition of the medium. If the poison or cause be attenuated to such a plane that the most sensitive person is only slightly disturbed by proving it the terrible disease can be prevented. It would seem better to protect from smallpox in this way than to vac-

ciate. Either by vaccination or natural contagion there is a monster poison in the economy. Who dare talk of filth and ignore the fact that the natural contagion is more than the charge? If the smallpox virus is so subtle that even when diluted with millions of volumes of atmospheric air it is yet a poison, who can say what attenuation may not produce the disease, until faithfully tried on sensitive persons? The trial in a season when smallpox does not prevail would not satisfy the inquiry, as the sensitive ones are not manufactured so frequently. The trial then of a single person could not better the matter. The proving of all attenuations of variolinum would be a great gain to our philosophy, as the provings of the morbid products have helped the study of our chronic miasms. Dr. Fincke has made a good beginning toward finding out what the variolinum will do.

The wise ones who stand off and sneer often come in after the truth has been discovered at a great sacrifice, and say, "I told you so." These people are often useful, as they create opposition enough to stimulate thorough search after facts. They have a place in the world, but they do not know it, and often cover up the regret that they have been born by sneers at decent people.

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## A VERIFICATION OF BORAX.

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WM. D. YOUNG, M. D. Buffalo, N. Y.

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*Case:* Myself. Taken with great pain in right upper wisdom tooth, which grew worse and worse for three days. It was aching in character, with a tense swollen feeling in the jaw. There was severe swelling of the cheek up to the right eye. This swelling also had the tense feeling, as of engorgement with blood. The pains were < stooping, but heat or cold made no difference. Under *Borax* these symptoms are present, and one dose of *Borax* 30 (B. & T.) helped the tense swollen sensation in 15 minutes. By morning there was no pain and but little swelling. Only slight soreness over the bone which a dose of *Si.* 30 removed.



## DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the *Organon*.

## CLINICAL REMINISCENCES.

PROF. J. T. KENT.

Some years ago, when gunning in the southwest, it was rumored among the people that a city doctor was in the land, and I was waited upon frequently for remedies, as they rarely had such a chance among the ranches. One young man who came to me excited my pity. Having no time to take his case with care, no paper upon which to write out his symptoms, it was possible only to make a good first guess and hope for the best.

Describing the young man from memory could be but a mild picture of the real case. He was a constant taker of all drugs for "the blood" that he could procure cash to buy. He had taken all the roots, barks and leaves that grew in that wild country. His face was red and chapped, lips and eyelids checked with fissures. Green discharges from his eyes, which looked hideous from ectropion. Green thick discharges from the nose. The extremely thick skin of the inside of the hands was chapped, cracked and bleeding. Acrid tears had burned roads down the cheeks. During the last five years he had morning diarrhœa. In spite of these sufferings he had a good appetite, and kept his place in the saddle as a "cowboy." It was while in the saddle I gained this information, and then remarked, "Are you happy, and do you enjoy life?" "Doctor, you do not know how hard I have worked to keep from blowing my head off with this thing" (a six-shooter hanging at his belt). Before he made this remark it had not dawned upon me what his remedy was. In fact I could see only *Sulphur* in what had appeared. Now *Natrum sulph.*

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came in view, and from my case a 500th potency of B. & T., one dose, was put upon his tongue. I never expected to see him again, but he asked me for my address. I gave it to him, and some time after he wrote for more of that wonderful medicine. It was never changed. Some two years later he ceased to ask for it. His last letter showed a perfect cure of the eruption, ectropion, diarrhœa and finally of the man.

This case again shows the importance of mental symptoms in the cure of deep-seated conditions. Eversion of the lids has been cured by *Sulph.* but not before by *Nat. sulph.*, although *Nat. m.* has shown curative action in this relation frequently. *Nat. sulph.* will do more when handled properly in the hands of a Homœopath than Schüssler ever dreamed of.

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## SYMPTOMS, CLINICAL AND PATHOGENETIC.

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By E. W. BERRIDGE, M. D., London, England.

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1. Slimy taste when eating, and especially when drinking water. Cured by *China* c. m.

2. *Lac caninum* c. m. (Finckè) given after childbirth produced eruption on left part of back, near shoulder; the skin there appears normal, except that tiny red points, like heads of pins, are on it; they are raised, irregular in size and contour, the whole occupying the space of half a dollar; the spot feels sore, especially when touched.

3. Sensation of dilatation in throat. Cured by *Nux Moschata* c. m. (Finckè).

4. Sleep does not seem to her to be sleep; does not feel as if she ever really lost consciousness; brain is occupied all the time. Cured by *Moschus* cm. (F. C.)

5. *Elaps corallinus fel.* c. m. (Finckè) produced difficulty in expressing herself when speaking; cannot think of the words; cannot think of the names of the things she looks at. She never had these symptoms before.

6. Feeling as if whole weight of abdomen were dragging from umbilicus downwards and inwards; worse when standing, espe-

cially worse when walking; not felt on sitting; during and after the dragging sensation, has itching round umbilicus; during latter end of pregnancy. Cured by *Agaricus muscarius* 99 m. (Fincké).

7. Cold feeling all over abdomen, as if cold, wet cloth were spread over *inside*. Cured by *Plumbum* 45 m. (Fincké); in a case of colic.

8. *Nitrite of Amyl*, inhaled for dyspnœa from heart disease produced the following symptoms: "Directly it was held under nose for inhalation, he felt as if he were shot straight up miles into the air." (A man aged 65.)

9. A woman took an ounce and a half of Squire's tincture of *Cimicifuga*; later she took two ounces of the same, during pregnancy. Both doses produced pain as if vertex were opening and shutting, relieved by tea, and by tying handkerchief around forehead.

10. *Cubebs* produces a cold feeling of the stool when passing it. (Extracted from an old allopathic Materia Medica.)

11. A man was haunted by thoughts of suicide, yet without the desire for suicide. Cured by *Capsicum* 20 m. (F. C.). See *Guiding Symptoms*.

12. Hard corn on under surface of right heel, toward inner side; tender to pressure, and painful when stepping on it. *Phosphorus* c. m. (F. C.) first cured the pain, then removed the corn.

13. External chest very tender to pressure of stethoscope during auscultation. Cured by *China* c. m. (This clinical symptom I had added to my Repertory and now confirmed it.)

14. Cracks between toes after walking. Cured by *Lachesis* 5 m. (Fincké).

15. A man was troubled by thoughts and fears that he might be tempted to strike or otherwise injure others. *Physostigma*, c. m. (Fincké) cured at once, but produced great melancholy for two or three days. I found this symptom in Dr. Kent's Repertory, page 52.

16. Using spectacles causes dull aching pain and heat in left eye, and twitching of left eyelid; also inflammation of lids, especially upper and left lids. Cured by *Borax* c. m. (Fincké.)

## CLINICAL CASE.

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FRED. S. KEITH, M. D., H. M., Newton Highlands, Mass.

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1897.           H. W., AET 15 YEARS AND 9 MONTHS.

July 3d.   Frequent desire to take a deep breath. Must constantly draw in absolutely all air chest will hold—not a sigh but increased necessity for air. This has constantly increased for one and a half years and makes all active exercise well-nigh impossible. Has lost twenty pounds since February (155-135).

Appetite poor at table, especially at breakfast. Very hungry between meals and at night. Much thirst.

Restless sleep before midnight. Sleeps heavily.

Sweats much about the head.

Vertigo for several years. Has fallen down. Whirling.

Darkness before eyes.

Irritable, < morning.

Worked much in heat of sun last summer.

Drawing in tendons of knee. Desire to straighten them.

Cramps of fingers and toes.

Severe attacks of intermittent fever four and three years ago, treated with Quinine and Nux vomica by a mongrel in whose house he lives. Not wholly suppressed when went on vacation to seashore. This stopped them. Chills came at 3:45 P. M. daily, but this is all he remembers.

Heart sounds are now excessively loud but clear. Heart hypertrophied slightly.

*Sulph.* 55m., one dose.

July 17th.   Feels better in every way. Still has vertigo.

August 12th.   Sharp pains at apex of heart; they catch breath.

Dyspnœa has reappeared.

*Sulph.* 55m.   Vertigo remains.

August 30th.   Violent palpitation of heart on entering sea bath.

September 18th. Malaria developed last week, began with much vomiting of bile. Misunderstanding my advice to take nothing except my medicine, he took the Mercurius and Nux v. offered by his former suppressor but put the many quinine pills in his pocket.

Yesterday's attack:

Headache in forenoon.

Stomach—Aching, hollow empty feeling with great nausea.

Very weak in legs, could scarcely go down stairs to dinner.

Chill began running down back at 1:15 P. M.

Went to bed with all clothes on, hot water bags at back, many blankets.

Shivers up and down back.

Slept once or twice in chill. Woke warm but chill returned.

Vomiting during chill.

"Things looked all sorts of ways."

Thirst slight in chill — mostly from dry mouth.

Chill lasted until 4 P. M.

Fever until midnight. Intense throbbing headache,  
> cold bathing.

Restlessness.

> lying on back with legs drawn up.

Profuse perspiration after midnight.

To-day: Marked prostration. Headache on stooping.

*Arsen.* 103m. one dose.

September 26th. No chills since remedy. Feels much better.

Vertigo < heat of sun.

October 10th. Spells of dyspnoea two or three times a day.

Sensation as if things grew dark in front of him.

Eats small breakfast but hungry at 11 A. M.

October 24th. Dyspnoea is worse — more of it than for some time.

Tired early in morning.

"Weak as a cat."

*Ars.* 103m. Cold feet.

October 26th. Tonsils swollen, 1. more. Throbbing when presses them with hand.

Sensation of lump when swallowing. Liquids easier than solids.

Tired, lazy feeling, just as he had before he had malaria.

Has many sore throats and has always been given Merc.

*S. L.* low.

November 26th. Sudden dark spells before eyes. Pitches forward, also has that sensation.

< through middle of day.

< in warm room near fires.

Sensation of pulling in both shoulders; also, as if they would drop off.

Arms ache and are heavy.

> raising arms above head.

Shivering feeling on thighs as if perspiring profusely.

< working in warm shop.

Sharp pain in r. hyp. Had this when dyspnoea first began.

Dull pain over heart.

Very thirsty, drinks large amounts.

Small abscess came on lower part of lobe of ear.

*Sulph.* 30m. Cold feet.

December 15th. Dull pain in cardiac region.

< lying on chest or stomach.

*S. L.* No dizziness.

1898.

January 1st. Has been very well, except slight "bilious spell," for which he took nothing. (Just think of it!)

Has had no symptoms, feels first-rate, better than for

*S. L.* years.

This is a rather long and, perhaps, tiresome case. The remedies are common, every day ones; the symptoms are not rare. Yet it is not always the removal of some group of symptoms by an unusual drug which teaches general principles as well as does a careful sequence of prescriptions.

Simple as is the case it illustrates well a few of our homœopathic principles:

1. It shows that we cannot suppress intermittent fever without some harmful manifestation appearing. In this case one and one-half years elapsed between the malaria and the development of the cardiac symptoms. But, of course, all know the harm of quinine — if so, why do so many so-called homœopaths use it? Their sly, underhand method of giving it stamps them what they are — liars, deceivers.

2. Changes of climate are rarely curative, but generally palliative. In this case after reaching the seashore the chills ceased — just as much a suppression as if the dose of quinine and strychnine had been doubled.

3. Symptoms (diseases) get well in the inverse order of their development. The last condition to develop was the severe dyspnœa, which yielded first to the constitutional remedy. As the constitution became changed back into order the suppressed malaria made its appearance, though hidden for three years, the dyspnœa being very much improved and shortly after cured. The vertigo, however, and other chronic constitutional symptoms being much older remained longer, finally going away in their order. In no other way is a *cure* possible. Suppressions and palliations may, indeed, be made without the return of old suppressed conditions, but a cure never. All the new systems of cure (so-called) can be judged by this standard. Do they in the course of treatment reproduce old manifestations long since suppressed — if they don't they are wanting. No other system on earth will do this but homœopathy.

This case will not meet the approbation of all our school — in fact, some will say it is not a cure, for the high potency of the suppressive force was not given, but the patient's constitutional and needed-for-years remedy was found and administered. However, as we had not a c.m. of the Cape Cod breezes which finally checked the malaria we were forced back upon our good old Sulphur; and he did not desert us.

4. The complementary relations between Arsen. and Sulph. are well brought out. Sulph. developed the suppressed condition. Arsen. took up the work, despite my mongrel's "intercurrents" of Merc. and Nux., which were not near enough the mark to even change the symptoms. After all the malarial manifestations had

yielded to Arsen., Sulph. again covered the constitutional state of the patient.

Some ignore the complementary relations of remedies, as if that changes facts. They say they have given Caust. after Phos., Apis after Rhus, Ignatia after Nux, Sulph. after Calcarea, and so on, with good results. Possibly they have where the first remedy of the two was so little similar to the case as to have no action. If, however, the first remedy has acted curatively to give an inimical one following is an egregious blunder.

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### A CASE OF ALCOHOLISM.

HENRY L. HOUGHTON, M. D., H. M., Winchester, Mass.

1897. Mr. E. C., Lawyer, æt. 45 years.

August 15. Mental: Has been working very hard for some time and has taken an unusual amount of alcoholic stimulant to keep going; has planned to start on his vacation to-morrow, but does not feel equal to the voyage. Very nervous, exhausted, used up; irritable, extreme depression at times; excitable.

Nausea: Considerable; has vomited four or five times; something seems to still remain which will not start; usually vomits very easily, but strained great deal last night; a glass of water returned sour.

Temperature: Flushes up easily; no chills.

Nose: Hay fever started August 10th, which is the regular time every year.

Appetite: A hard drinker; began when 22 years old; had hæmorrhages from lungs at that time, for which whiskey and cod liver oil were prescribed; at present is unable to keep anything on his stomach; usually takes one or two drinks before breakfast; is in the habit of smoking constantly.

Faintness: Attacks of; does not quite lose consciousness.

Sleep: Has been very poor for some time.

Head: Congestion; face markedly suffused.



General: Has been running down for over a year; finds that alcohol no longer helps, but excites.

Bowels: Regular; good movement last night.

Nerves: Very shaky, tremulous; tongue unsteady; he seems to be on border of delirium tremens.

*Nux vom. cm.*, one dose, dry.

Patient was advised to stop all alcohol and to begin drinking milk, increasing the amount until he reached four or five quarts a day.

October 15. Reports that he reached Nova Scotia all right, and in two or three days was drinking and enjoying five quarts of milk daily. He has kept this up until the present time.

His present symptoms called for *Wyethia cm.*, one dose of which relieved the attack of hay fever.

1898.

January 1. Came for some medicine for a cold. *Nux v. cm.*

March 26. Patient was seen this evening and reports that he has been *unable* to touch any liquor since the fifteenth day of August; several times he has tried to drink a social glass with friends, but the odor nauseates him so that he is unable to get the glass to his lips.

He has lost about thirty pounds of adipose tissue, has had a very hard year's work, but feels better this spring than for many years. He still averages from three to four quarts of milk daily, and drinks it, not as a medicine, but because he enjoys it and can use his head to better advantage after it.

The patient has received three doses of medicine; the first powder of *Nux cm.* in August; the powder of *Wyethia cm.* in October for his hay fever, and the powder of *Nux cm.* in January for his cold.

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## BOOKS FOR REVIEW.

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A TEXT-BOOK OF GYNECOLOGY, by James C. Wood, A. M., M. D.  
Second Edition. Philadelphia: Boericke & Tafel. Price, cloth,  
\$7.00; half morocco, \$8.00.

Since the publication of this great work there can be no excuse

for homœopathic specialists in this branch, who can afford but one complete work, to go outside of our own ranks. This work is complete in all its subjects, beautiful in artistic work, a volume of 964 pages,  $9\frac{1}{2} \times 6\frac{1}{2}$ . The paper is excellent, the illustrations fine. It is an "up-to-date" work in every respect.

REPERTORY OF THE HOMŒOPATHIC MATERIA MEDICA, by J. T.

Kent, A. M., M. D., Professor of Materia Medica and Homœopathics in the Philadelphia Post-Graduate School of Homœopathics.

B. FINCKE, M. D., Brooklyn, N. Y.

As regards that Repertory of yours, you surpass yourself, for I never saw anything more neat, clean, practical and rich at the same time, so that it is a pleasure to take it in hand. The arrangement is new and admirable and calculated to make the seeker find what he wants at short notice. We are making progress after all, it seems to me. This is no flattery.

S. E. CHAPMAN, M. D., Napa, Cal.

Please send Part IV., *Nose and Face*, of Repertory by return mail. You are filling a "long-felt want" most wonderfully well. I have been looking for you for more than a quarter of a century.

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## PERSONALS.

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Dr. Josephine M. Kiester has removed from Ainsworth, Ia., to 706 Brady street, Davenport, Ia.

Dr. C. L. Dyer has removed from Los Angeles, Cal., to Portland, Ore.

Dr. A. F. Yetter has removed from Burlington, Pa., to Moscow, Pa.

KENT'S REPERTORY. The fifth fascicle of the Repertory, containing the symptoms of *Mouth* and *Throat*, will be ready for delivery in a few days.

THE "CRITIQUE" EXCURSION.—For information regarding the personally conducted excursion from Omaha to Salt Lake City and return, immediately after the adjournment of the American Institute meeting next June, write Dr. J. Wylie Anderson, 16 Steel Block Denver, Col.

ARSENIZATION METHOD OF TREATING CHOLERA.—A memorial has been presented to the 55th Congress by Dr. R. B. Leach, of Minneapolis, Minn., praying that a test be made of the Arsenization method of treating cholera.

## Directory of Homœopathic Physicians.

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## BACK NUMBERS AND REPRINTS.

The lectures on *Materia Medica* began in Vol. I., No. 1, and the Lectures on *Homœopathic Philosophy* in Vol. I., No. 5. Back numbers can be supplied to students and physicians. Single copies of the JOURNAL can be obtained, price 20 cents. *The JOURNAL OF HOMŒOPATHICS is the only journal to which these lectures are furnished for publication.*

REPRINTS of "*What the People Should Know*," by Dr. J. T. Kent, and "*Homœopathic Philosophy*," by Dr. J. C. Loos, can be had at the following figures:

"*What the People Should Know*," - - \$1.00 per 100.

"*Homœopathic Philosophy*," 16 pp., - \$1.00 per 20.

# Journal of Homœopathics

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## DEPARTMENT OF MATERIA MEDICA.

### FLUORIC ACID.

Lecture delivered by PROF. J. T. KENT, at the Post-Graduate School.\*

It takes a long time for this remedy, in the proving, to develop its symptoms. It is a very deep-acting medicine, and an antipsoric, anti-syphilitic and anti-sycotic when the symptoms agree. It is insidious in its action and its symptoms are slow in approach, so that is like the deepest and slowest and most tedious diseases, the miasms, and hence it is suitable in the very slowest and lowest forms of disease. While it has in its nature some dreadful febrile action, it is not for this purpose, that it is oftenest called for; its most typical febrile action is very slow and insidious. It corresponds to overheated states of the system, old cases of nightly fevers, coming on week after week and year after year.

It is an unusually hot-blooded remedy at times, and again it has conditions of coldness. In the evening and night great heat seems to evolve from the body, like an oven or a stove, without much, if any, increase of temperature. The skin becomes very hot. The patient is often < from warm things, < from warm covering, < from warm air; suffocates somewhat like *Puls.* in a warm room. He wants to bathe the face and head in cold water.

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\* Stenographically reported by Dr. S. Mary Ives.

such bathing is grateful. The feet burn and are put out of bed in the night; he hunts around in bed for a cool place for the feet and hands. The soles perspire, and the palms perspire, and the sweat is acrid, excoriating, making the parts sore; excoriation from the sweat between the toes. The perspiration is offensive; offensive, acrid sweat between the toes. Burning, unusual heat and acidity are words that modify a great many symptoms; an acrid lachrymation or other discharge from the eye; acrid discharge from the nose, acrid sweat, etc. Sensation of burning and burning pains in parts; heat evolved from the body as a chronic state. Aggravation from heat, from outward heat and from inward heat, belongs to this remedy. Diarrhœa comes on from drinking warm drinks. It is a strong feature of this remedy to be worse from drinking tea and coffee and warm stuffs. Warm drinks bring on a diarrhœa, or flatulence, or disturbance in the stomach, and cause indigestion to manifest itself in various ways.

It is, as I have remarked, a remedy of great depth of action. It so disturbs the functions that there are peculiar outward signs in the nails, in the hair, in the skin; they are all imperfectly developed. Whenever such is the case, we know that a remedy has great depth of action and that it is very prolonged in its action. It forms little incrustations here and there upon the skin that seem to have no tendency to heal. A crust forms, but there seems to be no healing beneath the crust. The hair loses its lustre; it falls out, and if examined closely under the microscope it is seen to be necrosed; little ragged ulcers will be found along the course of the hair. The ends of the hair are dry, the hair mats up and splits and breaks, becomes ragged in masses and lustreless. The nails are crippled, lengthwise corrugations in the nails; the nails grow too fast and grow awkwardly; that is, they are deformed and crippled, too thick in some places, and too thin in others; break easily, brittle. There is a tendency to breaking down of a slow character, where the circulation is very feeble, and the skin is near bone or cartilage, as in the cartilages in the ears, and in the cartilages of joints. Ulcers develop over the tibia. There is feeble circulation in the hands and feet, and they become cold. In the evening the extremities burn and are feverish, because that is the time of the feverish state; but in the morning and in

the daytime there is coldness of the extremities. The patient is pallid and sickly, and at times becomes waxy and dropsical; œdema of the extremities, and particularly of the lower extremities; œdema of certain parts; œdema of the prepuce. When a debilitated subject, one suffering from bone and cartilaginous troubles, contracts gonorrhœa, with it he will have enormous swelling of the prepuce, and nothing seems to act upon it. Fluoric acid will take out that œdema of the prepuce with gonorrhœa in such a subject. *Cannabis sativa* has the same symptom, but it is especially useful in robust cases. Fluoric acid will prevent the manifestation of disease in sycotic subjects, will prevent formation of fig warts. It cures fig warts. It produces hardened, dry warts, and dry crusts upon the skin, and crusts not unlike rupia. It is useful in syphilitic rupia.

Bone affections stand out prominently. Necrosis, especially of the long bones, but also of the bones of the ear. It creates an offensive, acrid discharge from the ear. It establishes an offensive ozæna, an acrid discharge, with necrosis of the nasal bones. It is very analogous to *Sil.*, and it is one of the natural followers of *Sil.* where *Sil.* has been too frequently repeated by persons who do not know that *Silicea* does its best work in a single dose and that it is a long and slow medicine. It not only antidotes the abuse of *Sil.*, but also follows *Sil.* After practicing a while, you will be surprised to observe the pendulum-like action between heat and cold in various complementary remedies. To make that clear I will illustrate it by using the series in which this remedy is set and to which it naturally belongs. You take a patient who is hot-blooded, who is always suffering from the heat, from too much clothing and too warm a room especially in the evenings, a patient that is tearful and sad, and may be a blonde. Why you say, I am trying to describe a *Pulsatilla* patient. Well, yes; anyone can see that. *Puls.* is a hot-blooded patient, but after using that remedy a while you notice that the patient goes to the other extreme and becomes chilly, and wants much clothing; the heat is taken out of the case. *Sil.* is the natural follower of *Puls.*, and you would be astonished to know how often a patient leaving *Puls.* runs toward *Sil.* *Sil.* goes deeper into the case, it does more curing, and it is the natural chronic of *Puls.* Other reme-

dies of course follow *Puls.*, but *Sil.* more frequently than any other medicine I ever observed. Now, that is the second step; the patient has gone from a warm to a coolish state; the overheated state has been lost and he has gone into *Sil.*, but when *Sil.* has been administered for a while it cures the cold state, and removes the chilliness of the patient (remember, however, that *Sil.* has at times something of *Puls.* in it; in some of its complaints it is < from being overheated) and the patient under *Sil.* goes back to the warm state again, becomes hot-blooded, wants the warm covers thrown off, wants to be lightly covered. Then it is that this medicine comes in in the series. Fluor. ac. follows *Sil.* as naturally as *Sil.* follows *Puls.* They exist in threes. There are other remedies that exist in threes, but the most common ones, you will think of, will be *Sulph.*, *Calc.*, and *Lyc.*, *Sulph.*, *Sars.*, and *Sep.*, and *Coloc.*, *Caust.* and *Staph.* which often follow each other and rotate in this way. Do not let these facts make you give a routine remedy unless the symptoms agree, but it does help to remember that remedies are somewhat similar. It is true that *Puls.*, *Sil.* and Fluor. ac. are wonderfully similar all along the line as to the nature of their symptoms. *Puls.* corresponds to more acute disturbances, or to the earlier stages of chronic disease, the more active or violent operations of chronic disease. It will take off the wire edge of the disease, and it will be followed by some medicine that is complementary to it, always to be determined by the symptoms that arise. There are cases that would be greatly injured by so deeply acting a remedy as *Sil.* if given in the beginning, that is, the suffering would be unnecessary; but if you commence with *Puls.* you can mitigate the case and prepare it to receive *Sil.*, providing the two would appear to be on a plane of agreement. A very serious case had better first receive *Puls.*, and the way being paved by that remedy follow it up by *Sil.*

Think of this remedy, then, in vicious bone diseases, in necrosis and caries, in fistulous openings, fistula leading to the teeth, fistula lachrymalis and fistula *in ano*; in calcareous degeneration; in deformities of the nails, hair and teeth; in affections of the thigh bones and leg bones, with chronic fistulous openings leading to bone discharging pus which excoriates the parts all around.

The patient is oversensitive; is made worse if the bowels do not



move regularly; is dreadfully distressed if the menstrual flow is slightly delayed; suffers if the call to urinate cannot be immediately attended to, hence, as in the text, "headaches > by micturition." That symptom is all that is given in the text; but remember something that is analogous to it, viz.: If the call to urinate be not attended to the headache will continue to grow < and < until the urine is voided. That is a peculiar symptom, and it sometimes leads to the study of Fluor. acid.

Now if we take into consideration its great depth of action, we will see furthermore that it is suitable in some brain diseases. In persons who have overworked, who have been working day and night to establish a business, or to keep it up, and when there has been constant use of the brain it is suitable. In mental depression and melancholy, with great sadness, in young men who have destroyed the nervous system by vicious practices, by secret vices. It is particularly suitable for that disorder of the human economy where men have continuously changed their mistresses. There is a state in which a man is never satisfied with one woman, but he continually changes and goes from bad to worse until he is a debauchee. If a young man cannot keep away from women, he is not so badly off if he will only keep to one, but he goes from one to many, until he stands upon the street corners and, in his lust, craves for the innocent women that go along the street. Fluoric acid is suitable in that state, like *Picric acid* and *Sepia* and these medicines are particularly suited to that condition of enfeeblement of the mind and that disorder of human economy that makes man so low, that we have the state described as "low mindedness." It takes that form in one who is a sort of debauchee, running after all sorts of things to tickle his fancy and mind and sensorium, but it takes another form in a man who stays at home with his good wife. He takes an aversion to his children and to his dearest friends and to his wife, that is, he has lost that true and noble and orderly affection and friendship and companionship which ought to exist, and he fights against it. An orderly man considers his wife his best friend and he would rather stay with her than go anywhere else. To him there is no place on earth like home. Now, when man arrives at the state when he wants to go somewhere else, that he wants to go away from

home, that he is disturbed at home, that everything annoys him at home, that he no longer loves his children as he once did, he needs Fluoric acid. "Feeling of indifference towards those he loves best." The *Sepia* state is very like this, but *Sep.* is more frequently indicated in women. The woman will come in and say, "Doctor, there is one thing that I regret very much, and that is, that I do not seem to enjoy my children, my home, my companions, my husband and my friends. There is a sort of alienation." Such is the way it is told where it is *Sepia*. In the man it is more commonly Fluoric acid, in the woman more commonly *Sep.*, but this need not necessarily be so. *Sepia* corresponds more closely to the condition of the uterus and ovaries, and such conditions, as the woman alone can have. (Compare *Calcarea*.)

Fluoric acid has with this state an overwhelming sexual erethism. He is kept awake night after night by erections. This state of desire forces itself upon him, not only when he is with the opposite sex, but at all times. At times, in the beginning of a gonorrhœa, this condition of priapism and intense uncontrollable sexual desire, with swelling of the foreskin, is overcome by Fluoric acid. There are times when this priapism demands *Canth.* but that remedy differs wholly in its nature from this.

Reticence and silence; sitting and saying nothing. This reticence is essentially like *Puls.*, and often belongs to the insane who will sit in the corner and say nothing all day long, never uttering one single word, and hardly answering when spoken to. A patient sits in the corner and says nothing and does nothing, eats when food is offered, is led to her room when the time comes, resists nobody, answers nothing; such a state is found in *Pulsatilla*, and is closely allied to this remedy. There is some insanity in it, but especially the fatigue and mildness of a tired brain. Mental exhaustion from overwork or from vices.

It is suitable after *Sil.* in the spinal affections that are attended with paralysis, trembling and numbness in the soles of the feet. It will often stop the progress of structural nervous diseases and prevent the case from getting worse.

An excellent and very useful feature of this medicine is its

ability to produce varicose veins and varicose ulcers. The veins become varicosed anywhere, but particularly upon the lower limbs, especially following pregnancy. Hemorrhoids protrude after a stool; the anus and rectum protrude, and there is some bleeding, because of the hemorrhoidal condition. Varicose conditions with very old ulcers upon the lower extremities; the varicose veins ulcerate. You might guess what kind of ulcer and what kind of a margin Fluoric acid would produce. We see the feebleness of its circulation, we see its tendency to create hard crusts, and hardened, horny skin and eruptions. We might now easily assume that the inflamed borders of an ulcer would become indurated, hard and glassy. The margins of ulcers are indurated and the ulcer is an old, do-nothing, indolent ulcer. It will not heal. Parts once broken will not close up. Union will not take place between the broken ends of bones, there is no repair. From bones and from ulcers, we have the foetid, acrid, thin, watery discharges, or at times very scanty discharges, but acrid, burning the parts all around, raising eruptions and scurfs around the ulcers.

From the feebleness of the circulation you might suppose that numbness would naturally be present, and it is true. The ears become numb, the scalp becomes numb, there is a sensation as if the back of the head were made of wood. The scalp loses its sensation, the hair falls out and crusts form. The extremities become numb and there is numbness of the feet and hands extending upwards; numbness, with or without dropsy; numbness in spinal affections; numbness in brain diseases.

"Crusta lactea; dry scales; itches very much, bald places. Caries of the temporal bone; discharges offensive smelling pus periodically." "Whole left side of the head retarded in growth, left eye seems smaller." That is a clinical state, but it is significant.

Its use in syphilis must not be overlooked. In old cases with exostoses, caries and necrosis, cases that have been mercurialized, and treated by other drugs until ulcers have developed or those affections of the nose that we have often observed in syphilitic states. He blows small pieces of bone out of the nose; great pain in the nose; nasal bones all destroyed, and the nose becomes flat

as though only a soft piece of flesh with perforations. The uvula is eaten off and the tonsils become honeycombed by syphilitic ulcers. Lingering, low forms of ulcers and eruptions. The teeth decay or break off or ulcerate at the roots; fistulous openings from the root of the tooth, continuing to discharge. Many a time has this remedy taken away that ulcer of the root, closed up that fistulous opening, cured the pain, saved the tooth.

"Craves cold water and is continually hungry." Often that "all gone" sensation in the stomach. Is always eating and is relieved from eating, but like *Iodine* it does not last long, for soon he becomes hungry again. Such medicines are very deep. We see that they go to the very root of things, striking at assimilation and nutrition.

Chronic ulcers of the throat not necessarily syphilitic, but it is particularly useful in the old forms of syphilis; not generally so suitable in the earlier ulcers as in those that are associated with the tertiary forms, with debilitated states, with brain disease, with nervous symptoms that go on for years when the patient is supposed to be cured. Very often the trouble will come back in the throat, and the ulcers consist of little gummatous growths. *Sil.* especially covers such a condition, and *Sil.* is also one of the most useful medicines for rooting out mercury. In potentized form *Sil.* and *Merc.* are inimical, yet the high potencies of *Sil.* will root out crude mercury.

This patient craves pungent things, spicy things, highly seasoned things. The appetite must be tickled; there must be some inducement to eat. At times the appetite is changeable in spite of the fact that he is overwhelmingly hungry; he cannot eat, yet he is > when the food is in the stomach, > after eating.

In chronic diarrhœa, the most vicious kind of chronic diarrhœa with this low feeble constitution, in insidious complaints. "Morning diarrhœa." The itching of the anus is sometimes dreadful; protrusion of the anus during defecation; profuse hemorrhage after stool; constipation with piles; itching around and in anus, in perineum, etc.

This drug is also suitable in the dropsy of drunkards. They are very often liver dropsies. Old cicatrices become red around the edges, surrounded by itching vesicles, itching violently;

squamous eruptions upon the body; dry, cutaneous eruptions upon the body and very squamous indeed, very scaly.

"Sensation as if a burning vapor were emitted from the pores of the body." Especially under the covers there is this sensation of great heat, tremendous, like steam. It is not in fever. He has no fever, but it is a chronic state of giving out heat without thirst, or increase of temperature. They say, "Doctor, I am like a stove, I give out heat so."

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### A CASE OF HICCOUGH.

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In June, 1895, I was called in the night to go to a patient who had been under allopathic treatment for several weeks and had been given up to die by two physicians. I did not care about taking the case, for it was several miles away. The messenger pleaded, and at last my better spirit (for doing good) overcame that of selfishness. I could hear the hiccoughs before I got to the house. It was the termination of typhoid fever, the third week of the fever, and the hiccoughs had continued five days and nights without cessation. There were several persons in the room "sitting up," so I gave a dose of *Sac. lac.* at once, and looked at the patient, and continued to look. There are a number of remedies that have hiccoughs, and, as this case seemed to be nearly gone, I was certainly in a quandary, when the patient opened his eyes, and said, "There are two of us in this bed. Make the other lie over and give this one room." He believed he was doubled. There was my remedy, *Stramonium*. In a few minutes after receiving the dose he began to get better, and at the end of two hours the hiccoughs had ceased entirely.

A few days after giving the first dose the mind symptoms returned and the second dose was given with plenty of *Sac. lac.* He soon was convalescent. I may add that the attending physician did not know of my interference for a week. He left his quantum of medicine every day, and at the end of the week there was just one quart of quinine and bismuth capsules.

## DEPARTMENT OF HOMŒOPATHICS.

## LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT, at the Post-Graduate School.\*

## LECTURE XI.

*Organon* §16. Our vital force, as a spirit-like dynamis, cannot be attacked and affected by injurious influences on the healthy organism caused by the external inimical forces that disturb the harmonious play of life otherwise than in a spirit-like (dynamic) way, and in like manner, all such morbid derangements (diseases) cannot be removed from it by the physician in any other way than by the spirit-like (dynamic, virtual) alterative powers of the serviceable medicines acting upon our spirit-like vital force, which perceives them through the medium of the sentient faculty of the nerves everywhere present in the organism, so that it is only by their dynamic action on the vital force that remedies are able to re-establish and do actually re-establish health and vital harmony after the changes in the health of the patient cognizable by our senses (the totality of the symptoms) have revealed the disease to the carefully observing and investigating physician as fully as was requisite in order to enable him to cure it.

The 16th paragraph furnishes the subject that we will talk about this morning. It treats of three states: (1) of the state of health, or the normal activities of the body, (2) of how that state is made sick or turned into disorder, and (3) of how that disordered state can be turned into health. If we could find a man in a state of perfect health, we might subject him to shock, to injuries, to the actions of the cruder things around us, and he would pass through them or they would pass away without leaving upon him any such thing as a disorder. He might be under the influence of that shock a short time, but when reaction came, if it came at all, it would leave him free from miasm, he would not have therefrom either an acute or chronic disease. It is only by the action of immaterial substances, simple substances acting upon a plane similar to the plane of his susceptibility, that he can become affected with a sickness, that

\*Stenographically reported by Dr. S. Mary Ives.

is, the resultant action of a substance capable of operating from his innermost to his outermost and establishing evidence which we call symptoms. If the outermost alone is acted upon the vital force of the man is only temporarily disturbed, but there is not established a definite disorder (not even a limited one) that can run a course with a beginning, a period of progress and decline, such as the miasms do. Anything that depresses the tissues of man, or his bodily functions, only acts temporarily, and is not capable of establishing a true disease. Take, for instance, the cruder drugs that we see used as physic. You may give the patient the coarser and cruder forms of drugs as purgatives and emetics, and he will go through the shock and return to his original state. It is only after the most violent and long continued use of liquids that there can be implanted upon him a drug disease, and even that is largely superficial in comparison to a natural diseased condition. The constant use of Bromide of Potassium will produce effects in time, but that drug does not go to the depths; it operates upon the tissues, producing a coarser form of disease, but not miasmatic in character. Take also the coarser poisons as an example. Many of them can be taken into the stomach in crude form with very little manifestation upon the vital force. The smallpox crust can be swallowed, and it will be digested and very little trouble come from it, but the inhalation of the atmosphere that contains the aura of smallpox upon a plane corresponding to the susceptibility of the individual will bring him down with a disease having a definite prodrome, a period of progress and a period of decline, showing that the very foundation of the man's nature has been struck. Such an operation is upon the internals of man, upon his invisible, immaterial substance, and it operates from within out, producing ultimates in his tissues, establishing results upon the skin. Hahnemann in this paragraph affirms that nothing, except in the form of a simple substance, can so implant itself upon the economy as to run its course as a disease either acute or chronic. No disease can implant itself upon the economy through its ultimate forms; only in its invisible forms can it so act. All diseases known to man are in the form of simple substance, an invisible something that cannot be detected by the chemist or the microscopist, and

will never be detected in the natural world. Disease cause is known, and known only, from its effects, it is not capable of investigation by the natural senses and can only be investigated as to its results. Everything that can be seen, felt or observed, or detected with the microscope, is but an ultimate, a result. It is only by the understanding, by reasoning from first to last and then back again, that we can perceive that disease causes are invisible. The body can be affected, the tissues can be affected, and ultimates can be affected by ultimates, there can be friction between ultimates; things in this world can collide with other things in this world and they may destroy each other; ultimates may destroy ultimates; but such a thing as disease occurring in ultimates except through dynamic changes is impossible. Neither can any agency which is an ultimate act upon the human economy in a curative manner, turning into vital order the innermost of life. Vital disorder cannot be turned into order except by something similar in quality to the vital force. It is not similitude in quantity that we want, in weights and measures, but it is similarity in quality, in power, in plane, that must be sought for. Medicines cannot affect the high and interior planes of the physical economy unless they are raised to the plane of similarity in quality. The individual who needs Sulphur in the very highest degrees may take Sulphur sufficient to move his bowels, may rub it upon the skin, may wear it in his stockings, can take Sulphur baths, all without effect upon his disease. In that form the drug is not in correspondence with his sickness, it does not affect him in the same plane in which he is sick, and so it cannot affect the cause and flow from thence to the circumference. So with all the coarser drugs, they do not cure. We sometimes see the outermost effects of disease, disease located in the outer planes, temporarily removed by the lower potencies and crude drugs, but it is only as to the exteriors and ultimates that the cure is effected, and as it does not reach the innermost degrees it is not permanent. In acute diseases also crude drugs sometimes accomplish their purpose, because the outermost which they affect is only on the surface and the innermost has, in acute disease, the tendency to go away of itself; if his life can simply be spared until the disease has run its course the patient will recover. But the chronic miasms are only reached as to



their ultimate symptoms, and these are caused to subside only temporarily or are suppressed by the action of the crude or ultimate forms of medicine.

I look back upon the time when my own mind was in a cloud as to this subject, and if I refer to it here it may be of use to you. I remember when I first read from Hahnemann that potentized medicines would cure the sick that it seemed to me a mystery. I had no knowledge upon which to found belief in such things. I began to practise with the lower potencies and with crude drugs in attempting to carry out the law, but with these means I was able to cure only superficial complaints. My work was far from satisfactory, yet it was somewhat better than the old things, it was milder than physicking and purging and emesis. Of course I rested upon my opinions and beliefs for my knowledge; everyone does that. Later I resolved to test the 30th potency to see if there was not yet medicine in it, and I prepared with my own hands the 30th potency of *Podophyllum* with water on the centesimal scale, after the fashion of Hahnemann, having been told that water was as good as alcohol and it was only the attenuation that was required. This was during an epidemic of diarrhœa that looked like *Podophyllum*, but I had not the courage to give the 30th and still continued to use my stronger medicines. One day a child was brought into my office in the mother's arms. She brought it in hastily, and it did not seem as if it could live long. It was an infant, and while it lay in her arms a thin yellowish fecal stool ran all over my carpet. The odor struck me as like that I had been reading about as the odor of the *Podophyllum* stool; it was horribly offensive, stinking, and the stool was so copious that the mother made the remark that she did not know where it all came from. I said to myself, this is a case upon which to test Hahnemann's 30th potency. So I fixed up some of the *Podophyllum* 30 and put it on the child's tongue and sent the mother home, fearing that the child would soon die, as it was very ill, face pinched and drawn, cadaveric, and had a dreadful odor about it. Next morning when making my rounds I had to pass the house. I expected to see crape on the door. I did not dare to call, though I was very much worried about it, so I drove

past, but there was no crape on the door. I drove home again that way, although it was quite a distance out of the way, and still there was no crape on the door: but standing in the door-way was the grandmother, who said; "Doctor, the baby is all right this morning." Then I began to feel better, thinking I had not killed it. Perhaps some of you have been in the same state of mind. That little child did not need any more medicine. After that I had quite a number of *Podophyllum* cases, and the 30th did the work to my astonishment. It was different from anything I had ever seen; the cures were almost instantaneous, it seemed as if there would be no more stool after the first dose of medicine. I did not always give the single dose. I used that 30th all the season, and then made up my mind that if the 30th of *Podophyllum* was good other 30ths would also be, and I ought to have as many of them as possible. I made a good many 30ths by hand, and finally succeeded in making up one hundred and twenty-six remedies, some of them in the 200th potency, and these I used. Then I procured Jenichen's 200ths and higher and practised with them. I followed on in this way and in a few years I discovered that by giving higher and higher potencies the remedies seemed to operate more and more interiorly.

I found that a chronic case that would be relieved by Jenichen's lower potencies would only improve for a matter of weeks, but on the administration of Fincke's higher potencies the work would be taken up, and in that way the same patient could be carried on from one potency to another. If I give you the conversation of one patient with me from time to time you may understand better what I mean. I saw this patient for the first time some fifteen years ago, when he was stoop-shouldered and had a fairly phthisical aspect. He had a catarrhal state of the chest, and it looked as though it might end in phthisis. On his symptoms he received Sulphur about 6 m. Jen. He was violently aggravated by this dose of medicine, all his symptoms were made worse, and he came back to the office saying that the medicine had made him sick. I had attained the knowledge of the aggravation from a similar remedy, so I gave him sugar. At the end of another week he came back and told me he was better, much better, that he did not want me to give him any more of that

first medicine, but he wanted more of the last, as it had made him so much better. So I kept him on the medicine which pleased him for a period of probably six or seven weeks. One time he returned and told me he did not want that last medicine but he wanted that medicine that helped him so. By that I knew enough to give him another dose of Sulphur. Within the next day or two he ran in and said, "You young rascal, you gave me that medicine that made me sick in the first place," so he got sugar again and went on this time for five or six weeks, or perhaps longer. Then he came back again saying, "Now, I do not think you understand me, for I am having my old symptoms back. I wish you would study my case again." So I went all over his case and he got another dose of Sulphur 6 m. J. He reported this time, "Well, I do not feel any better; I am just about the same." He was not stirred up this time, you see. I waited a little longer and saw no relief from the last dose. Here are all the symptoms calling for Sulphur, shall I give him crude Sulphur? I cannot give a remedy that is not indicated. The experience of the older men says "go higher." I gave him Sulphur 55 m. Fincke, and in a few days he came back upon me, saying, "You rascal, you gave me that first medicine again. I don't want that stuff." Finally I got him cooled down, gave him some sugar and assured him that he would be better in a few days, and he went on for six or seven weeks with great improvement. After a while I explained to him that when the remedy did not act I had to give him something to stir him up. Of course I did not say anything to him about sugar. It is a good thing, when a physician learns what his medicines will do, to say to the patient, "Do not be alarmed or astonished when such and such things happen." Otherwise they will get alarmed and go off and perhaps get another doctor. The 55 m. of Sulphur relieved that patient in a couple of doses, far apart, and then ceased to relieve him any more. Next he received the c.m. which worked just as the other potencies had done, and finally he got to the m.m. which acted just like the c.m., and from that potency he went on being restored to health. When you see these things, you have a confirmation in them of the doctrines of the law. Experience does not lead to these things, but principles which thereafter are con-

firmed by experience. When a patient has been carried up through a series of potencies he will often remain unaffected by that remedy in a lower realm of potency or in the crude, unless he is overwhelmingly dosed by it, and then he will be poisoned.

The third proposition in this paragraph is that medicines will not act curatively; or in a way to turn the body into order and turn off disease, unless potentized to correspond to the degrees in which the man is sick. Such as are sick in a middle plane are sick from that plane to the outermost. Such as are sick in the interior planes are sick throughout to the very outermost. When the disorder is in the very depth of his physical nature then it is in the form of chronic disease, *i. e.*, all there is of him is sick, and of such there is no tendency to recovery but a continued progress. Such is the order of psora, syphilis and sycosis. The nutritive plane is entirely in the outermost, in the tissues. Assimilation goes on in the tissues. It is simply in the realm of tissues and ultimates that crude drugs operate; they can only disturb ultimates, and the inharmonious condition is the inharmony of ultimates, the outermost plane. Of course, if the outermost of the physical is disturbed the whole economy suffers, and the body ceases to furnish a good instrument to be operated upon by the powers within; but a *true disease*, with periods of prodrome, progress and decline or continuance, cannot be implanted upon the ceremony except it be by a dynamic cause. And hence necessarily man cannot be cured except by drugs attenuated until they have become similar to the nature or quality of disease cause. Disease cause and the disease-curing drug must be similar in nature; unlike causes would not produce like effects. We can arrive at similar causes by studying the effects that are similar. When we examine into a case and find a certain group of symptoms, and in the effects produced by a certain drug we see like symptoms, we have a right to presume that the quality or nature in both is similar. The causes must be similar if the effects are similar in nature and quality. When the physician goes to the bedside he asks himself, do I know a remedy that has produced, upon healthy man, symptoms like these? He must pass judgment upon the symptoms, he must be an artist in application and capable of discerning the finer shades of difference and similitude.

## CLINICAL EXPERIENCE CONFIRMS LAW.

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It is the part of a wise man, and it is rational, to see first whether a thing is true, and afterwards to confirm it.—A. C. 4741.

There are two principles from which men think; one, the *negative*, and the other, the *affirmative*. He who is led by the former denies all things until he is convinced of them by means of sensual things. The one who is guided by the latter affirms that things are so because they are in accord with Divine revelation. If the negative principle be investigated it will be found that it leads into all sorts of confusion and insanity, and the more it is applied the darker will the understanding become, until at last everything of intelligence that might have been stored up there will have been obliterated. The affirmative principle acts directly in the opposite direction; it opens the mind and enlightens the understanding, and under its influence man is enabled to progress in wisdom, constantly adding to what he already possesses until his storehouses are filled to overflowing.

Consider the so-called scientists of the present day; it is easy to see that the negative principle enters into all their investigations. Nothing is believed but what they can actually realize with one of the five senses. The eye, ear, smell, touch or taste is appealed to to decide all questions. They make no real progress, neither do they assert any true principles. What is believed to-day is denied to-morrow; dissension and war are working cruel destruction in their castles which have been erected with such splendor and decorated with tablets inscribing their vain discoveries.

In the study of Homœopathy the affirmative principle must guide. Certain precepts are laid down as constituting the law of cure; these must be carefully investigated, one by one, to see whether they agree with Divine revelation. This is the only way any true science can make a beginning. Having made a correct start, then, new truths can be added, and the effect will be to strengthen and beautify that which has gone before rather than tearing it down and displaying its falsities.

When a principle is false nothing but falsities can follow from it, for all things conform themselves to the principle. From a wrong beginning nothing right can ever come; all things which follow must be dim and confused; yet there are many who confirm themselves in what is false. They so completely persuade themselves that the false is true that it is absolutely impossible for them ever to be brought into a state where they can see one ray of light. They begin life under the negative principle, and refuse to believe anything but what their own senses seem to tell them is true. Here they make their first mistake, and then one falsity adds itself to another, creating dire disturbance in their mental operations until actual insanity comes on and they see all things in a distorted way; everything is reversed with them; what is false they see as true, and their lives are spent in rolling over and over in their fingers their possessions, creating new forms and combinations which are even less substantial than the fitting scenes watched through a revolving kaleidoscope.

On the other hand, when a principle is true, all things which flow from it are correspondingly true. The mind that grasps true principles for a beginning is continually expanded, and the result is an orderly mind capable of becoming really wise.

Having acknowledged any principle, then, it is right and orderly that it should be confirmed. Care must be taken not to reverse this order; first comes the acknowledgment, because it agrees with Divine revelation; then the confirmation. To be able to confirm whatever one pleases is not intelligence, but only ingenuity, and some people are so crafty that they are able to confirm falsities so that they appear just like truths. In fact, any principle, whether false or true, can apparently be confirmed; yet a rational man can see from an inherent perception whether what is confirmed is true or false. Beware of one who endeavors to persuade by example alone; inmosty in his heart will be found self-love and desire of gain, and he will bring to bear his most bewitching influences in his endeavor to lead aside intelligence and substitute his own form of belief. His idea is not to discover the truth, but to force on some one else his own notions and make them appear correct, the end in view being some personal gain. A cunning man might easily persuade one who is not too firmly

grounded in true principles himself by causing doubt and then denial, and thus do great harm.

It should now be perfectly clear the position clinical experience bears to the law of homœopathy; it simply confirms what is already acknowledged to be true. Experience used for any other purpose avails nothing. Medical literature swarms with clinical facts, the accumulation of centuries of observation, and how much has been accomplished? Nothing; science has not been established; its foundations have hardly yet been laid. Profoundly thinking minds have wrought out huge stones, enough, perhaps, to long ago have constructed a temple of wisdom, but no one has produced the cement to bind the stones into a building.

Hahnemann formulated the law of cure, *similia similibus curantur*, which is acknowledged to be a Divine gift. It agrees with reason, and one inmosty sees that it must be so. Taking this firm foundation for a beginning, then, it is possible to raise a superstructure, and the result is a most magnificent edifice whose expanse is beyond comprehension.

For many years clinical investigation has been pursued with great diligence and the quantity of raw material on hand is enormous. It now remains for the Homœopath, backed by law, to hunt out that which is good and put it to some permanent use. Searched by the light of truth, every fact or fancy now seeks its own position, to be placed in the archives of medicine or to fall by the wayside and be forgotten in the grand onward march of science.

Each one of us, in the practice of our art, is brought in contact daily with some new clinical feature, which, without a true perception of its value, would probably cause much distress and speculation as to its meaning. Reference to the law immediately settles the difficulty and we are able to rightly classify it. Not one single clinical fact should escape our attention; they are all of inestimable value in the development of the various ramifications of the law. Each one when rightly applied illustrates and confirms some principle, one possibly never yet developed, and thus the system of cure is extended and amplified, so that in time a state of perfection may be reached hardly anticipated at present.

Let each of us then try our hardest to pursue this orderly mode of thinking: first carefully weight a given principle to see if it agrees with Divine revelation; having done this, then we are ready to confirm it; in this way only can we expect to become truly wise in our art.

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### SCHISMS IN MEDICINE—ANTIDOTALISM.

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Since the days of Hahnemann there have been men who, leaving his declared and published principles, have taken their stand in defense of some new and original feature for which they claimed better philosophy and in practice better results. To follow all the schisms that have occurred, and to delineate the lines of truth which were opposed to them, would be a huge task, and seeing that to a great extent most of the side issues which, in times past, have been raised have led to "simply nowhere," we can afford, at least for practical purposes, to let these "sleeping dogs lie." Evolved from the struggles of the past, we have, however, full proof that the homœopathic school is divided into two wings, those who profess to hold to the principles of Hahnemann and who have been self-named or nicknamed Hahnemannians or Hahnemaniacs, and the other class, and by far larger number, who might be called "Liberals," *i. e.*, who use adjuncts in the broadest sense, who believe in the law of similars, but who do not practice by its principles. It is remarkable that the Hahnemannians, are as a rule, "high potency men," and that the other branch include those who prescribe the lower decimals and mother tinctures.

We here, to-day, belong to the despised minority, and it is to a schism that had its rise and progress among ourselves within recent years that I will devote the time allotted to me in this meeting, because of the fact that it is so near home, both in principle and date.

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\* Read at the Philadelphia Post Graduate School of Homœopathics.



One common ground for all sorts and conditions of homœopaths is the formulated law "*Similia similibus curantur*," and this has been clearly set forth, not as *a* rule of action, but as *the* law of cure. Any blow aimed then at this foundation stone is a threat or menace to the whole structure, and, if successful, will weaken, and perhaps in the long run destroy, all that rests upon it. It has been well said, "There cannot be two laws of cure." If there were confusion continual would be the result, sometimes one method would be employed, sometimes another, and the progress made would be similar to that which some people have experienced, who have used in boating, first one oar and then the other, first the starboard then the larboard, with wobbling about as a result. This is not the manner in which the good boat Homœopathy has been sent forward on its way, but rather with one law "*Similia*" as a propeller she has kept head on and made a record which no other "pathy" in an equal time can approach. Occasionally this ship has to lay to and get the barnacles scraped off, it is true, but although the scraping process is a tedious and painful one it is necessary, so that unhindered good progress can be made. We are here to-day to point out, if possible, and, according to our ability, remove the most recent "crop" of barnacles.

At a meeting of the Dunham Medical Society on September 4, 1896, Dr. S— first put on record certain ideas that he had been promulgating in his classes and practice for some years. He dated his observations as far back as 1862, and says that first of all he noticed the bad effects of amalgam fillings and red vulcanite plates, these effects being observed in the mouth, stomach, etc. "I found," he says, "that these cases were easily relieved by removing the red vulcanite plate; and meeting these cases in my practice, of course I hunted for some cure and that is what first started me into a study of these diseases." Here then is the beginning of the study of "drug miasms" of which we have heard so much within the last two years. In the article quoted the statement is made that for hitherto incurable conditions a cure has been found, and that what Hahnemann declared was incurable is made simple by the new method. Of course, such a bold declaration caused both attention and comment, and from that

time on we find many discussions in journals and society meetings. Let us review some of the sayings of the participants in this discussion, and here it may fitly be said that the object of this paper is not to advance anything original on the subject, but only to make other men speak.

Though the gentleman referred to and his followers disclaim the term "antidotal method," we are forced to use it for want of a better, and, indeed, we have grounds in their own statements for such an expression, as it embodies their ideas. We, ask then, what are the *claims* of antidotalism? What its *methods*? What its *tendencies*?

Dr. S.— makes his point of departure that part of the Organon (§§ 74-75) in which Hahnemann speaks of chronic conditions produced by violent drugs and the difficulty in curing them; and he claims to have formulated a law whereby such diseases hitherto incurable can be simplified and cured, and impresses this by including in the cures a large number of cases of morbid growths. The law is worded as follows: "An exceedingly high potency of any drug is the similimum for the lower dynamis of the same."

If this statement were made only as a corollary of the law of "Similia," allowing "Similia" to stand intact with the usual methods for the discovery and removal of disease totalities, little would need to be said. But in their desire to push this theory the antidotalists have been led into the most extravagant assertions, have attacked the law of similars itself, have ridiculed Hahnemann and his methods, have cast a slur upon provings and the directions for the getting of the totality of the symptoms, and although those among them who have foresight see where all this must lead, even they, notwithstanding their endeavors to remain on "similar" ground, have changed over to "identicals," and, as was charged upon them, their law is not "similars but identicals." This was a natural follower of their claims.

The antidotalists state that nine-tenths of all cases of chronic sickness are drug miasms which nothing will straighten out or cure but high potencies of the same drugs. Here at the beginning of the evil, then, we must be "mercilessly clear." Are these things so? It is undeniable that many chronic diseases around us to-day, as in Hahnemann's day, have been mixed up, confused and compli-

cated by drugs, and also by drugs in many instances made incurable. But the statistics are not proven. It is a very marked characteristic of this new method that the figures are all "round numbers." "Thousands of cases" have been experimented on; "five hundred cases of morbid growths" have been treated in one year, and so on, and the percentage of drug miasms to other sicknesses is run up to 90 per cent. or more than that. This is palpably too strong a statement to be accepted without question. Now is it a fact that drugs, even in a much smaller percentage, cause life-long miasms? In his lectures on "Susceptibility," Dr. Kent has for years pointed out that only those drugs to which the patient is susceptible can produce long lasting effects on the patient, or, in other words, create miasms. Susceptibility underlies contagion, sickness and cure. Remove the susceptibility and the ability to "catch" the disease is removed, the sickness itself, if contracted, is removed, and cure is the result. This applies to both natural and artificial sicknesses. With this susceptibility present the patient is impressed by the disease or drug substance, and if the attacking force be too strong (if too large a dose be given) he is made thereby sick. If a proper dose only be given, he is cured of his susceptibility to both that drug in stronger dose or a similar natural miasm in similar dose. In his lecture on *Plumbum* published in the *Homœopathic Physician*, 1886, the same idea is brought out. In the "Healing Principle" Dr. Kent, referring to a case of poisoning, states that if a high potency of the sick-making substance is given the susceptibility is cured in accordance with the law of similars and the *patient* is cured. The drug disease, therefore, in that case, has its foundation removed and the amount of incept not being large enough to cause mechanical or chemical effects (though strong enough to cause dynamic effects in the susceptible) is made inert or thrown off. This principle is on the line of similars, and it has in view the patient, but the "new discovery," as stated, leaves out the patient and aims at a drug, leaves out similars and substitutes identicals. In the former case susceptibility and lead are the similars, in the "new method" "lead low" and "lead high" are the opposing factors. In all the chaff there is a grain of truth, but it is possible to so mask it that the casual observer is misled. The claims

of the antidotalists to a "new discovery" are unfounded. The substantial part of it is only the old truth of susceptibility being cured by similars, dressed up in a new garb, and magnified from Lilliputian to Brobdingnagian proportions.

Other men besides Dr. Kent have put these observations on record. Bœnninghausen, Guernsey and many others have given the hint to prescribe a high potency of the poisoning drug, and so cure, but the patient is always kept in view.

Susceptibility, we may be here reminded, is known sometimes by accident, and when so discovered it can be removed by the administration of the remedy that nature revolts at in crude doses. A patient once complained that he could not "test" butter, that it made him sick to do so. This being so persistent a symptom, there was procured and given to him a high potency of *Butyric acid*, the strongest form in which the active principle of the butter could be got, and in a reasonable time the susceptibility was removed and he could "test" butter. Dr. Adams cured himself of the susceptibility to radish and cucumber by taking potencies of these. When we thus remove the susceptibility, we go *further back* than drug miasms. No miasm was established in these cases, but the foundation for a possible miasm was removed, and so in all cases. Drugging may be the *accidental* way of finding out the presence of susceptibility, but it is of rare occurrence. The *knowledge* of the presence of a certain susceptibility can be arrived at by *study*, and in that study the totality of the symptoms is the only guide outside of these rare accidental cases.

But the unanswerable argument, it is averred by the antidotalists, is "the test of experience." To us, however, the old aphorism, "principle guides and experience confirms," is the steering gear. We have seen that antidotalism has not the support of principle, and experience cannot confirm it as it stands. Well, then, how explain the cures? We are told that by giving to patients who had formerly used amalgam fillings and red rubber plates, high potencies of amalgam and red vulcanite, the morbid growths from which they suffered melted away. Now we do not deny the cures, but question if they prove the new method. Dr. Biegler reports a case of "a miserable looking being, who suffered

so much from neuralgia he had to quit work," in which he recommended the removal of the fillings, and the patient recovered without medication. Dr. Crutcher reports a case of aggravated nocturnal cough which was relieved at once and for all by removal of a filling. Another case diagnosed as epithelioma disappeared under constitutional remedies after the removal of a rubber plate and amalgam fillings. Dr. Crutcher finishes by saying that "injurious effects are detected in only a small per cent. of those who wear red rubber and amalgam fillings." This is in accordance with the observation of others, and be it noted that the substitute of gold or silver for amalgam in fillings is open to the same objections as amalgam, there being those who are susceptible to these metals as markedly (though not so frequently) as the mercury susceptibles. But if these cases referred to got well without "the high potency of the same," might it not pertinently be asked, would the mere removal of the plate and amalgam in other cases (reported as cured by antidoting) not have had a similar beneficial result? Without in any way trying to detract from the brilliancy of the results in such cases, it is a fact that cures of similar cases without the antidotal method tend to weaken these reported cases as evidence.

Another feature in these cures was illustrated at a meeting of the Central New York Homœopathic Medical Society. This question was being discussed, when Dr. Dever was reminded of the cure of a cough. A boy, the son of a physician, being afflicted with a cough, and not knowing the remedy, decided to begin at A in his father's medicine case, and to take a dose of each medicine until he should find the remedy. *Phos.* was the magic number. Is it not possible that in the twenty potencies given in some case there may be a magic number corresponding to the patient's then condition independent altogether of what he took in the form of drugging? Such remedies as *Phos.*, *Merc.*, *Ars.*, *Sulph.*, when given on the assumption of having been abused, may in potency relieve the patient at the time because homœopathic to his present condition.

But the claims of antidotalism go beyond the sphere of the same. The demands for a pound of flesh endanger its heart. If the drug miasm can only be cured by "the high potency of the

same," then the case *must* necessarily remain incurable if the *list* of drugs is incomplete. What *then* can be done? Moreover such a "principle of cure" excludes the cures of drug results that have been made by high potencies of drugs not the same. From Hahnemann till now the masters have cured cases complicated by drugs by antidoting homœopathically, *i. e.*, by giving similar (though not the identical) remedies. This cannot be denied, and brings us to another point referred to in the *Organon* §§ 74, 75, viz., the complication of the original condition with drug effects, and the effects of crude drugging in non-susceptibles, *i. e.*, the gross effects. These cases do not yield to "high potencies of the same" because no homœopathic relation exists between them. Kali brom. does not cure the patient of bromism, Opium of the long lasting effects of Opium; *Ars.* does not clear up Arsenical cases; and these are demonstrable facts. What can be done for these cases? What is done? Many of them, because of the increased knowledge of provings, have been zig-zagged back to health, not by one drug, but by many antidotes, the condition arising at given times being the indications for the similar remedy. It is objected that we have twenty or thirty antidotes for *Merc.*, but that is the old allopathic objection to our having scores of remedies for typhoid. We must always add that "similars must decide." Here we might fitly recall the aphorism that "The law of antidote is the law of cure" (*i. e.* similars) and it fits all cases and need not be reformulated. "Similars" is the watch word by which the homœopath must pass every opponent, the "open sesame" in every case of disease whether artificial or drug. To limit then the antidoting of conditions that are present and which may be attributable to drugs, to the "high potency of the same" is a revival of old time isopathy and has not the patient but a drug as the objective point.

One part of the *Organon* the antidotalists have overlooked; that is where Hahnemann says that a disease present in the organism protects from a weaker dissimilar or is suppressed by a stronger dissimilar or joins with the new one that is dissimilar to form a *complex* disease. (§ 48 et ante.) In § 41 he says that morbid conditions produced by drugs add to the old disease a new dissimilar artificial malady of a chronic nature. It is suggested

by the antidotalists that each drug miasm floats around in the economy isolated from all others only awaiting the time that a high potency of the same shall be given to wipe it out. But is this so in fact? What about the action produced upon these drug miasms by similar and dissimilar crude drugs given later? Must not partial cures and also complex states result from piling in drug miasm on top of drug miasm. We then have at the end of an allopathic course of treatment, provided the patient has been susceptible, complex drug miasms, and whether susceptible or not we have crude effects from massive and repeated doses of dissimilar depressing drugs. To oppose an identical to this condition would be impossible, but similars may be given, even up to the similitum at each given time of prescribing. Dr. Kent has aptly described this complicated state to the condition in old countries where there are buried cities, in which after the superficial layer has been removed we have the proofs of former states of society, and as each stratum is excavated there is revealed a more ancient sub-layer until bed rock is reached. Each layer is like a new picture, may be a composite picture because of the drugging, but composite or simple, it can find its similar in the photographic album of the *Materia Medica*.

We must refuse the *claims* of antidotalism first to being *new*, *i. e.*, the part of it that is true, and, second, to being according to principle, for it sets *similars* aside and establishes in all cases *identicals*, and that not to remove the susceptibility, but to antagonize the drug.

Now as to *methods* used in this "new system" the antidotalists have fought hard to inculcate the idea that they take the totality of symptoms into account and are guided by this totality in prescribing. The fact is that, with the antidotalists, the list of drugs is the totality. On repeated occasions the antidotalist has let the cat out of the bag, by saying that he noticed symptoms of a certain drug present and asked the patient if she had ever taken that drug. On the denial of the patient, he then prescribed something else with failure as a result. Some time after, however, the patient would say that she had come in contact with that drug, and now the drug, which the *symptoms* had formerly called for, is "listed," prescribed and cures. This is not an

isolated case, but crops out repeatedly and proves that *symptoms* are not the guide, but the *list*. This, therefore, is one of the chief methods, the making out of the list, and the list includes some very fine details, even down to times that the patient has slept in a newly-painted room, or inhaled tobacco smoke. "The patent nostrums and drugs most abused by the people" necessarily become the antidotalist's armamentarium, including everything that could possibly poison, from amalgam and red vulcanite down to cigarette smoke. I have tried to discover by what procedure a case is tackled but there is some conflict in the published articles on that point. It is said in one place that the proper method is to attack the strongest miasm first, and the others in the order of their importance; in another place the advice is given to tackle the last miasm first, while in still another place directions are given to combat the various miasms in the order of their taking. We have in any case the picture of a physician settling himself down to treat a case with twenty or forty different remedies to be given in succession. He has no guide but his list. He knows not the symptoms of the remedies he gives, and avers that he need not know them. The symptoms must be there because the patient has taken the drug; he cannot wait for provings so he gives "the high potency of the same" without delay and cures. But what advantage is gained? The patient is cured, you say. Is every patient cured? Even the hardest antidotalist of the most exaggerated type has not yet made this statement. The question then arises, of the cured cases, what cured? Is the antidotalist in any better position than the allopath who tells us of his cures? Of the uncured cases, what different relation does the antidotalist bear to the patient than the allopath who fires in unknown drugs for unknown conditions? Is there any compass, any chart, any anchor, in all this aimless, shifting craft? Nothing but the list, and that list defective. What must the end be? Shipwreck and shame. Do the Allopaths have a monopoly of fads? Are we not following in their footsteps when we run one idea to the ground in this way and make it the law of cure for nine-tenths of all chronic cases?

Contrast with this the words of a man who in his own body suffered the effects of drugs by the score, that human beings



might be healed by similars. He says "The whole pathogenetic effects of the several remedies must be known before we can hope to be able to select homœopathic remedies for the natural diseases." Let provings be made of tobacco smoke and the others and then, guided by symptoms and similar symptoms at that, independent of the name on the list, let the drug be given that will cure. Is it pleaded that patients are too sick to wait so long; well, there will be patients years after this who will get the benefit, just as we now get the benefit of Hahnemann's provings. It is a question whether provings of drugs they use will ever be classed among the *methods* of the antidotalists, but to those who institute a comparison between themselves and Hahnemann in regard to persecution an account of new truths, we would suggest that Hahnemann was first a prover before he was a prescriber, first a humble student before he was a teacher.

One word more in regard to the *tendencies of antidotalism*. These you can conjecture. But we don't need to stop at conjecture. The antidotalists have openly sneered at our provings, they have openly tried to do as much to undervalue them in our wing as Dake and Hughes have in the "Liberal" camp. Another tendency is to ignore the totality of the symptoms, to "get a list" instead of "taking the case" and having got the list to prescribe on it instead of patiently studying the *Materia Medica*. A Chicago physician, who is in touch with the circle in which this method prevails, says that the study of *Materia Medica* is discouraged since this rule was adopted and it does not need much argument to convince us of it. A further tendency is to quietly cancel all the teaching of the *Organon*. The natural miasms that Hahnemann taught were the underlying causes of all chronic maladies are made light of. We are told that after you have antidoted all the drug miasms you can tackle psora, etc., but you will find that the antidoting has done the work and the patient is well. This puts the chronic miasm teaching pretty well out of the question. One man goes so far as to say that all diseases are really drug miasms, and that in giving *Pulsatilla* you are only giving an identical for a *Pulsatilla* condition which has been produced by the same power, but drawn from the great storehouse of nature. Another asks "What ever cured a *Sulphur* case but

*Sulphur?*" and "What ever caused a *Sulphur* case but *Sulphur?*" Such references must indicate some occult knowledge possessed only by a few.

The deduction that we must draw from this review of the literature on the subject is that antidotalism is not a truly homœopathic doctrine, being faulty in its root and faulty in its fruit, wrong in principle and practice.

[Since writing the above I have read the article by Dr. Stuart Close in the *Hahnemannian Advocate*, of March 15, 1898. He seems to have struck the right key. I only refer to the article, as it is too late to incorporate his ideas in this paper.]

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## A GAMBOGE CASE.

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W. F. KAERCHER, M. D., Philadelphia, Pa.

R. S., one year old; blonde. Was weaned several weeks ago. Could not tolerate cow's milk, and has been fed on condensed milk and gruels; now this also has "gone back" on him, and to-day he presents the following symptoms: Rubs eyes often, as if he was sleepy. Diminished appetite; greedily takes the bottle of milk, but is soon satisfied. Vomiting soon after nursing, sometimes curds. Stools undigested, watery, thin, gushing, profuse; cries before stool, stools < during day and feeding. Gurgling of wind in abdomen. Cough loose < morning; wheezing in throat. Restless at night. Considerable emaciation.

Not feeling sure of the remedy, I went home, and after studying up the case concluded to give *Gambogia*, of which remedy I gave one dose of the 30th potency on February 28th. Gave Sac. lac. in water every two hours on 27.

March 7th—Mother reports that Raymond is well; improvement having begun soon after taking the No. 1 powder (containing the *Gamb.*). The last symptom to leave was the cough because it was the first to come.

Moral: Don't prescribe if you are uncertain about the remedy to be given; rather go home, study the case and when the remedy is found give it and your success is certain, no matter what the potency may be.

## DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the *Organon*.

NATRUM SULPH. IN SYMPTOMS ARISING AFTER AN  
INJURY TO THE HEAD.

PROF. J. T. KENT.

R. R. E.

This case, involving the most intense suffering, was the result of a violent accident, that of being trampled upon by a spirited horse. While visiting the farm of Chancellor Nicholson, of Dover, Del., he invited my attention to his farmer who was suffering at that time from the following symptoms:

Rheumatism in left side, no pain elsewhere, worse in hands to wrists and knees to hips. Pain like a knife sticking in him, had not had such an attack for a long time. Agg. in bed, can't sleep for the pain.

Does not feel sleepy, gets mad because he cannot sleep.

Gets stiff all over when sits or lies down.

Amel. from pressure or moving about.

Having learned that Mrs. Nicholson had given *Rhus* about the 30th potency after the accident, and that it had worked well, and the symptoms seeming to agree, I gave him one dose of *Rhus* mm. on Oct. 27, 1897. This had only a temporary effect, as will be seen by the following letter from the Chancellor:

SYMPTOMS OF R. R. E., DEC. 1, 1897.

Since the days of his apprenticeship in a Vienna Brewery he has been a very poor sleeper.

Immediately after taking your last powder he slept for four or five nights, "better than in all his life," say four or five hours of

good sleep each night. Since then has not slept at all. Says positively that in the whole time, day and night put together, he has not been asleep two hours. His eyes wide open all night long except when he holds his hands over them. Has waking dreams all day. Sees and talks with his father, and with me. Sees what he reads all over the world, particularly military scenes, such as battles in Cuba, etc. (He served through Franco-Prussian War in the Bavarian cavalry.)

Is very nervous and startles at any sound during the night, — “not scared exactly, but nervous all over down to the tips of his fingers.” This is something very novel to him.

Has nearly the whole time what he calls a “zumming in his ears,” usually not very loud, but if he gets up suddenly after lying down it comes on very loud, “like a bumble-bee in a hollow board.” If he gets up very slowly and carefully he escapes this. With the loud “zumming” a pain comes across the top of his head from ear to ear running back to the point where the hair centers.

Pain in his head comes when he lies down, on the side he is lying on. On account of this he always lies on his back with his head propped high. This pain goes away when he sits up or stands. His forehead always feels very heavy, and frequently at the top of it, on the left hand side, he has a sharp throbbing pain for a little while. About eighteen months ago my big colt trampled on his head at about this place. His memory has been bad ever since then and he has had great suffering with his head at the injured point especially.

He sweats very easily and profusely, which makes him feel cold and take cold very frequently in his ordinary outdoor work.

His breast is now very sore to the touch in the region of the ribs and breast bone, the muscles apparently.

He seems tireless in his work, says he feels no fatigue when he works all day long and is full of restless energy. Have noticed frequently of late a wild look in his eyes.

The terrible sleeplessness is the one symptom upon which he himself dwells, and which he tells me “his wife says is driving him crazy.”

He drinks coffee three times a day, but says that if you direct

him to stop it he will not miss it. Has very little appetite. Is habitually a small eater and the sight of any large quantities of food on the table is so repulsive to him that it makes it impossible for him to eat anything.

If these symptoms do not clearly indicate a remedy, please let me know and I will send him up to you, provided you think his condition serious.

On these symptoms I sent, to be taken at once, one powder of *Natrum sulph.* 20 m.

On December 28th the following report was received:

"Effect of last powder is amazing; patient sleeps well and looks like another man. The wrinkles are smoothed out and his eyes are mild and youthful. Two days after the powder he was worse, his headaches were worse, but he later became sleepy and then sleep came normally."

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#### CASE FROM PRACTICE.

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HARVEY FARRINGTON, M. D., Philadelphia, Pa.

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1897. MYRTLE H—, Æt. 6 Mos.

February 19th. Whooping cough three weeks. Has been dosed with cough mixture.

Raw, eczematous patch on right cheek was healed up a few days ago by external applications. Since then has had

Spasms, beginning with twitching of arms and hands, then of face; eyes roll up, body stiffens out, abdomen grows hard, thumbs clenched into palms, face, neck, hands and dorsal region of the back grow purple. When relaxation comes the child goes into a coughing spell.

Cough, spasmodic, < lying down, with dark redness of face and neck, followed by prostration and sweat.

Starts at least noise.

Sweats profusely about the head, soaks the pillow; body perspires from light covering.

Restless at night.

Stool dry, crumbling and green as grass, or white and of the consistency of putty, offensive, large—passed with much straining.

The spasms have become lighter and less frequent to-day.

Appetite better.

*Sac lac.* Eczema on cheek growing redder.

February 20th. Had six spasms last night.

Patch on cheek much paler.

*Cupr.* 44 m.

February 21st. Only two spasms since remedy.

10 A. M. Brighter than for four days.

4 P. M. Two slight spasms since morning visit.

*Sac lac.* Patch of eruption again more marked.

February 22d. One spasm.

*Sac lac.* > in general; eruption oozing and raw.

February 24th. Restlessness, < at night.

Cough < after 12 P. M.

*Sac lac.* Much thirst.

February 25th. Improving.

Cough >.

Developing a ravenous appetite.

*Sac lac.* No spasm since 22d inst.

March 1st. Cough <; vomits much phlegm with cough.

Peevish; cries and pulls at left ear.

Boil on occiput.

Red in face while coughing.

Rattling on chest.

Stool looks normal, but has a penetrating, coppery odor.

*Ipecac* 45 m. Is gaining flesh.

March 2d. Has not vomited since last remedy.

Less redness of face when coughing.

*Sac lac.*

March 4th. Coughs frequently, but not so hard.

*Sac lac.*

March 8th. Cough much >.

*Sac lac.*

March 11th. Boil broke last night.

Eruption on right cheek raw as beef; is coming out on left cheek and scalp; scratches scalp on waking.

Constipated.

Feet cold and clammy.

Rattling on chest continues.

Strabismus.

Ankles very weak.

Large anterior fontanelle.

*Calc.* 13 m.

March 30th. Eruption decreasing; less sweat; abdomen smaller; growing fatter and naughtier every day.

*Sac lac.*

The child has improved very much on *Calc. carb.*; but it is particularly on account of the acute attack that the case is herewith reported, for it is a remarkable example of the vicious effects of external applications when Nature is endeavoring to protect herself by throwing the trouble to the surface. Doubtless the eruption saved the life of the poor little baby in the first instance, but no sooner did it make its appearance than a lotion was applied to cure this "new and unsightly trouble" and convulsions were the result. The parents will never commit a like blunder as long as they live.

Symptoms were hard to obtain, and the full report as given in the first page of the record was filled out only by frequent visits and long watching. The spasms were reported at first as growing less severe and less frequent and there seemed no risk in allowing the case to develop more fully before prescribing. This course brought out its chief feature, namely, the alternate paling and growing darker of eczema, according as the life-force, enfeebled by three weeks of mal-treated whooping cough, or the repercussed disease miasm gained the ascendancy. Thus the eruption wavered, darker at times, when the symptoms would improve, and again almost vanishing, with their immediate aggravation, until the *Cuprum* was given. Then it came out more boldly and recovery at once began.

## CLINICAL CASES.

GIDEON L. BARBER, M. D., Chicago, Ill.

1896.

I. G. K. E.

October 19th. "Sciatic rheumatism," which has persisted in spite of treatment by a number of physicians and a course of baths at Hot Springs. Returns in fall of alternate years. "Cured" in 1894 by the Magnetic Healer.

Pain in left hip and leg extending to half way between the knee and ankle, on the outer aspect. Sensation of a weight attached to the leg where the pain terminates. Sensation at times as if the bones were being crushed.

Pain in daytime as if a knife were scraping the flesh off the bone.

Pain commences shortly after starting to walk.

Pain wakens him about 3 A. M.

Motion at first <, then > and long continued motion is unendurable.

> rubbing; rest.

< coughing or sneezing.

< 2-3 A. M. and 4 P. M.; also on getting up in morning.

Stiffness in the morning with the pain.

Tenderness to pressure in region of sciatic nerve.

*Coloc.* 1m., one dose and *Sac. lac.* 3 times a day.

October 21st. Felt better from the time he took the first dose.

Was at the best last night.

Walked home last night without pain.

Pains returning this morning, coming and going, > rest < walking.

*Coloc. c.m.*, one dose and *S. L.*

November 27th. Continually improving.

Still a little rheumatism remaining.

Had gonorrhœa twenty-five years ago and was cured in the old way.

*Med.* 1m., one dose and *S. L.*



1898.

January 8th. Reports that he still remains cured.

## II. MARY H., AGED 9 YEARS.

On February 13th, 1897, I found this little patient lying on a sofa with her lower extremities wrapped in cotton up to the hips and continually crying out about pains in her stomach. The parents informed me that she had been sick since Christmas and had been under the care of a (quasi-) homœopath. The mother pointed to a memorandum pinned on the wall containing the directions for giving five different kinds of medicine. This was all allopathic medicine except one little bottle of pellets wet with alcohol. The mother told me that the cotton was saturated with Pond's Extract and Wintergreen Oil.

I could not get the character of the pains from the little girl, except that they were constant and severe. Parents think the child cannot live through the week. I directed the mother to remove the cotton and gave *Nux v.* c.m. one dose dry on the tongue and one dose in water to be taken in teaspoonful doses every hour. Next day I found the little patient sitting in her rocking chair, dressed, rocking and eating a large biscuit. The mother was surprised at the improvement in so short a time. The pains were much less severe and the appetite improving. Continued the *Nux* in water. The following day, the pains having nearly ceased, I discharged the patient leaving some more *Nux* to be taken in water.

[This case, so deficient in symptoms, illustrates the observation of the older Homœopaths, that *Nux v.* acts as a general antidote and vital stimulant in cases which have been subjected to much violent drugging. Ed.]

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The lectures on *Materia Medica* began in Vol. I., No. 1, and the Lectures on Homœopathic Philosophy in Vol. I., No. 5. Back numbers can be supplied to students and physicians. Single copies of the JOURNAL can be obtained, price 20 cents. *The JOURNAL OF HOMŒOPATHICS is the only journal to which these lectures are furnished for publication.*

## PERSONALS.

DR. LINNÆUS A. SMITH, formerly of Philadelphia, removed recently to Kingston, Jamaica, B. W. I. We are glad to hear he is enjoying a successful practice.

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DR. MARY B. JEPSON has removed from Cortland, N. Y., to 103 South Barry Street, Olean, N. Y.

\* \* \*

DR. ELEANOR BEATTY has returned from Hilo, Hawaii, and is now located in Fowler, Ind.

\* \* \*

DR. KENT'S REPERTORY. The fifth fascicle "Mouth and Throat" is now published. "Stomach and Abdomen" is in the hands of the printers, and will be ready soon.

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NOTICE TO SUBSCRIBERS.—We have repeatedly received Post-Office Orders from Germany and India which come through the New York P. O. without advices from the senders, and we are therefore unable to properly credit remittances. It is necessary for subscribers to notify the JOURNAL that they have deposited in the Post Office their subscription price. This applies to all countries in which the P. O. Money Order is not directly sent to us.

## SOCIETY MEETINGS.

The annual meeting of the INTERNATIONAL HAHNEMANNIAN ASSOCIATION will be held this year in Atlantic City, N. J. The sessions begin June 14th in the Hotel Windsor.

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# Journal of Homœopathics

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## DEPARTMENT OF MATERIA MEDICA.

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### GLONONINUM.

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Lecture delivered by PROF. J. T. KENT, at the Post-Graduate School.

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Two of the most common features in this remedy are the surging of blood to the head and to the heart. A patient often describes the state as a feeling as if all the blood in the body must be rushing around the heart, with a sense of heat or a boiling sensation in the region of the heart, or in the left side of the chest. Again he complains of a surging in the head, a warm glowing sensation in the head or a feeling of intense glowing from the stomach or from the chest up into the head, attended at times with loss of consciousness. There are also wave-like sensations in the head, as if the skull were being lifted up and lowered, or as if it were being extended and contracted. Along with this at times there is most intense pain, sometimes pain as if the head would burst, sometimes great soreness in the head, or a sense of soreness felt in the skull. Another accompaniment of the surging is great throbbing, synchronous with the beat of the heart, and when the skull has this soreness then the throbbing is like the beating of hammers, and every pulsation is painful, so that there are painful pulsations and sometimes painless pulsations. The pulsations are tremendous, and when they are greatest in the head they are felt also to the extremities. The fingers pulsate, the toes pulsate, there is pulsation throughout the back, and it seems that the

whole body throbs. If this continues a while the soreness in the skull is likely to come on and with it the painful throbbing, every throb is a pain. In this state, with every jar in stepping, and every motion, it seems as if the head would be crushed. The throbbing becomes more painful from motion. The vomiting which attends this condition relieves. The head is relieved in the open air, it is worse in the warmth, and is often relieved from the application of cold. It is made worse by lying down, or lying with the head low. When lying the head must be lifted high upon the pillow. In the extremities we have great coldness. The extremities cold, pale and perspiring, the head hot and the face flushed and purple or bright red. The pupils are dilated and the eyes red. Now, if this progresses only a little while, the tongue becomes as dry as a chip, red and then brown. There is no great amount of thirst, but the mouth is very dry. The eyelids become so dry that they stick to the eyeballs. At times the skin becomes dry and hot, and the face is red and glistens. All degrees of confusion of mind, even up to loss of consciousness, will be present.

Now, after seeing this much, is it any wonder that the word Glonoine comes into the physician's mind as he walks along the street in midsummer on a very hot day and sees a man go down with what is called sunstroke? Have I not described to a great extent that which is seen in a typical sunstroke? It is noticeable also that Glonoine symptoms are worse in the heat of the summer and relieved in winter. The dull headaches and the continuous headaches are aggravated from warm weather and ameliorated from cold. They are worse in the sun and better in the shade. All sorts of contrivances will be resorted to by Glonoine patients to keep the sun's heat from the head. When he has had these troubles for years, and it has become a chronic state, he will never go out in the warmth of the sun without an umbrella.

Glonoine corresponds to all sorts of congestive states in the head that come on suddenly, especially from heat, but also from gaslight, or from any bright light. The headaches that book-keepers are subject to, especially in those that have at their desk, or over the head, a hot gaslight. The bright light accompanied by the heat so close to the head will make this individual subject

to headaches. These headaches are relieved by going into the cold air. The head aches all day when he is at his books, and when he goes home at night and lies down the headache comes on again, and he has to be bolstered up in bed. He wants the head high, and cold applications to the head; the headache is relieved from a long sleep, not generally relieved from a nap. From lying down and taking a nap the headache is sometimes aggravated, but from a good long sleep, a night's sleep, he is refreshed. His feet and hands become warm, the feverish state, and the throbbing all over the body subside and he wakes up in the morning comfortable: but if he goes out in the sun, or goes to his gaslight, he comes home with the headache again. Since electric lights have been brought into use there is not so much heat in the light, but gas throws out an immense amount of heat in its light.

The child comes down with cerebro-spinal meningitis, the neck is drawn back, the face is intensely hot, red and shiny, the eyes congested or glassy, the head and upper part of the body are very warm, the feet and hands and lower portions of the body and the extremities are cold and covered with cold sweat. It is a most violent congestion to the brain and spinal cord. Convulsions come on, convulsions throughout all the limbs, the neck and whole body drawn back, opisthotonos. Cold feels good to the head; heat feels good to the extremities. The warm room increases the convulsions. When the lower limbs are covered with clothing in a cool room and the windows open the convulsions are relieved and the patient breathes more easily. With this head congestion there a good deal of difficulty in breathing and audible palpitation.

Here is a clinical summary, in which it says that the head is made worse from shaking or jar, from stooping, from bending the head backwards, after lying down, when ascending steps. It is aggravated in damp weather, and in the sun, while working under the gaslight, after overheating with copious sweat, and from the touch of the hat. The weight of the hat is a very common aggravation in headaches in school children. The little ones work all day in a hot stuffy room and feel better in the open air, but the weight of the hat seems an encumbrance as in *Nitric acid* and *Calc. phos.*

The Glonoine patient is also worse from wine and from any stimulants whatever, and from mental application. When the headache is on he cannot think, he cannot read and he cannot write. An additional hindrance to writing is that he trembles so that he cannot write. Trembling and throbbing of the fingers so that he is unable to do his work or perform any delicate usages with the fingers or hands.

We have puerperal convulsions with such an appearance as I have described. We may have the same violence in congestive chills, or in any type of congestion of the brain.

There is a milder form of trouble that calls for its use, a condition corresponding to the chronic types of disease. This milder form exists where the patient has simply what might be called a hyperæmia of the brain, a rush of blood to the head when able to be about. It comes in spells, comes in moments when he least expects it; while walking on the street he feels a surging to the brain like a flash of heat and a flush on the face, his hands tremble, and the hands and feet become cold, he breaks out in a sweat; he looks around him and does not know which way to go home, he does not know where his dwelling is. He looks in the face of friends and they seem strange, he loses his way when he is near home. It is a confusion which soon passes away, and he feels better again. But these spells come closer together, and constitute the earlier stages of softening of the brain. This surging of blood to the brain is attended with dizziness; he rolls and staggers, and must take hold of things, and especially does he suffer in this way from a warm day, or from the heat and light of the sun.

In threatened apoplexy, and when apoplexy has taken place, if the violent pressure keeps on, think of this remedy. The clot may not be at first in the place to take life, it may be outside of the life line, but if the congestion continues that blood clot will increase. Such medicines as *Opium* and Glonoine relieve the blood pressure when the symptoms agree. They equalize the circulation, and the patient may not die. A paralytic condition in one arm or leg may go on for a while, and at the end of many weeks or months the motion may be greatly regained, and the patient recover; whereas if the suitable medicine had not been administered to reduce that blood pressure the continued conges-



tion would certainly have ended in death in a few days. The stertorous breathing, the coma, the history, and the general appearance of an apoplectic patient are found in this remedy, but the intense heat that comes on in many cases of apoplexy along with the shiny skin and coldness of the extremities are the guiding features. *Opium* is the most frequently indicated medicine, but it must not be administered in large doses. The very highest potencies are the best and one single dose is enough.

In a clinical case noted here it says, "frantic attempts to jump from the window." The headache was so violent, and there was so much pain that the patient became violent and attempted to jump from the window. You may rest assured that with his headache there was all this determination of blood to the head. It is enough to make one frantic to feel this continued hammering upon every fraction of the skull, as it were; a continuous throbbing. He cannot lie down, and he cannot walk, because every step increases the jar, so you see why it is that the word "frantic" is used there. The patient becomes frantic with the pain. Another expression used is "disinclination to step around." The patient wants the room perfectly still. If sitting up in bed, you will often find a Glonoine patient with both hands pressing upon the head with all the power possible until the arms are perfectly exhausted. He wants the head to be pressed upon all sides. Wants it bandaged, or a tight cap fitted down upon it. Such is the desire for pressure in the Glonoine patient. The headache is worse from bending backward and from stooping forward. There are times when the headache is so severe that lying back upon the pillow cannot be tolerated. There is a sense of great heaviness in the head. You will notice, in reading over these congestive headaches as reported, that each patient has a different way of describing his headache and yet all have the same story to tell, that of violent determination of blood to the head.

"Some months after being violently jarred by being thrown from a carriage, a sensitiveness of the upper part of the back and neck came on." There are two strong characteristics of Glonoine in that cure, viz.: "< from wine and the < from lying down." The other symptoms might have pointed to other remedies, but these two features are there. It is interesting when reading a

case, if you have first a knowledge of the *Materia Medica*, to note what symptoms are verified; when you do not know the *Materia Medica* then the case is confusing. Now, as we glance all over that description we see at once these two things verified and the rest is fairly consistent. Very commonly the pain begins in the occiput and goes to the forehead, but the whole head is in a state of throbbing. But, we notice more particularly, the "aggravation from motion and the least noise." This patient will sit in perfect quietude and silence for hours. You will be astonished to know how long a Glonoine patient can sit without moving a muscle, because motion is so painful. Also "aggravation from lying with the head low and after sleeping." It is important for you to know what that sleeping means. As I have said before, the patient very often is worse after a little sleep, but the common state is relief after a prolonged sleep. If he can sleep long enough it will subside, unless it be the congestive sleep, or coma, and then it is a different thing. "Amelioration from cold and external pressure." "Vertex burning hot, likewise upper part of back." The whole crown of the head feels as if it were covered by some hot iron, as if an oven were close by. Hot, especially in the back of the neck and between the shoulders. The burning heat seems to appear at the top of the head and extend all the way down to between the shoulders; a sensation of heat, as from a band. "Face bluish, with a heavy, stupid expression." The face is bright red, but if the condition becomes severe the face assumes a dusky appearance, and the longer this state lasts the more dusky it becomes; that is true with apoplexy and also with sunstroke. When the sunstroke first comes on the face is bright red, intensely hot and shiny, but as the heat increases the face grows dusky, even to purple. In all of these cerebral congestions there is a stupid, heavy expression, even going on to coma. "Frequent deep inspirations." With this congestion of the head there is commonly vomiting, palpitation of the heart, pain in the stomach, great difficulty in breathing and finally loss of consciousness. In another clinical case reported we read: "Every pulsation is felt as if the head would burst." Now, suppose the head bones were already intensely sensitive and sore and the head filled as full as possible with blood, and then you commenced hammering upon

the blood column you can understand that the pain would be most intense and would soon end in stupefaction. "Sunken eyes, bluish pallor under the eyes." "Red eyes, with photophobia; optical illusions. Black specks before the eyes; blindness." "Face pale, in spite of high fever." In all of these cerebral congestions of great violence the pulse fluctuates; it even becomes fine and wiry and hard; it sometimes becomes irregular and also delayed.

Another common accompaniment of these congestions is tumefaction about the neck. The neck feels full. The collar must be opened as it causes choking, as if he would suffocate. Even in the chronic state in the one who stands upon the street corner not knowing his way home because of the surging of blood in the head, that state is accompanied by choking and the collar causes uneasiness about the neck like *Lach*. He wants the collar open, and is annoyed by the clothing about the chest and neck. He chokes and swells up under the ears. There is not only a sensation, but with the sensation there is actual swelling. Tumefaction about the neck and throat, under the chin, and the glands become swollen.

The next circumstance in the text that brings forth the general aspect of the remedy is in connection with the catamenia. The menstrual flow does not appear when it should, it is delayed, with violent congestion to the head, violent headaches and these symptoms that I have already described. These congestions may also come on during the menstrual period. Again, if a uterine hemorrhage stops suddenly, or a copious flow from any part stops suddenly, the patient comes down with great violence and all the blood rushes to the head.

There are many conditions and complaints in life where we have surging of blood to the head, when this will be the remedy wanted. Persons who are subject to palpitation with dyspnœa, upon any effort he cannot go uphill, he cannot walk along the pavement without bringing on palpitation and dyspnœa; any little exertion or excitement brings on the rush of blood to the heart and fainting spells; fainting spells in women, who are not supposed to be subject to fainting. Great weakness, palpitation, trembling of the limbs, shaking of one or both hands as with palsy.

"Laborious action of the heart" is a strong feature of the remedy; pulsation all over. Fluttering in the region of the heart. Pulse quick, irregular, slow or quick and wiry. There are some persons that are apparently plethoric; very much affected by the slightest exertion and who have pulsation all over; pulsation in a warm room. They are sometimes relieved by opening the window if it is cool, by fanning, by cold air, by cold applications to the head. In keeping with the remedy, this is a clinical application of it: "Children get sick in the night after sitting up at an open fire or falling asleep there." "Bad effects from having the hair cut." *Bell.* is generally thought of for the taking of cold in the head from having the hair cut. "Bad effects from being exposed to the sun's rays." "Bad effects from sunstroke."

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In old incurable cases, when we give a remedy that fits the whole condition, the result is one of three things: First, aggravation of the symptoms with advance of the disease; second, no action, or third, euthanasia.

Unless the inner nature of the remedy corresponds with the inner nature of the disease, the remedy will not cure the disease, but will simply remove the symptoms which it covers, that is, suppress them.

All things that change the aspect of a case should be avoided.

Short acting remedies are only capable of corresponding to the outermost degrees of man.

The knowledge of complementary remedies is necessary, that is, remedies nearest in nature and not in a few symptoms. In a series of complementary remedies the conditions must be there as well as the symptoms.

Keep within a series of complementary remedies. You can never cure if you select a remedy for a part of the symptoms, and as others come up, give a remedy that is not the complement.

In regard to nosodes, when prescribed upon the symptoms which they produce upon the healthy, they will cure the same as other remedies. But to use these things indiscriminately is an outrage.

## DEPARTMENT OF HOMŒOPATHICS.

## LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT, at the Post-Graduate School.

## LECTURE XII.

*Organon* § 17. Now as in the cure effected by the removal of the whole of the perceptible signs and symptoms of the disease the internal alteration of the vital force to which the disease is due—consequently the whole of the disease—is at the same time removed, it follows that the physician has only to remove the whole of the symptoms in order, at the same time, to abrogate and annihilate the internal change, that is to say, the morbid derangement of the vital force—consequently the totality of the disease, *the disease itself*. But when the disease is annihilated the health is restored, and this is the highest, the sole aim of the physician who knows the true object of his mission, which consists not in learned-sounding prating, but in giving aid to the sick.

The idea of this paragraph is that the removal of the totality of the symptoms is actually the removal of the cause. It may not be known that causes are continued into effects (*i. e.*, that causes continue in ultimates), but it is true that all ultimates to a great extent contain the cause of the beginnings. And since cause continues into ultimates and things in ultimates shadow forth cause, the removal of all the symptoms will lead any rational man to assume that the cause has been removed. This will lead you to see that if a large number of symptoms manifest themselves through a diseased ovary and that ovary be removed, the cause of the symptoms has not been removed and will manifest itself through some other part of the body, perhaps the other ovary or some organ that is weak. It is a serious matter to remove any organ through which a disease is manifested. When there are two or more of these pathological conditions established upon the body and one is removed the other immediately becomes worse. For instance, there is a structural change in the knee joint and the surgeon removes the knee, while there is a corre-

sponding structural change in the kidneys or liver which he cannot remove, the latter immediately become worse and break down as soon as the knee joint is removed. In the same way we find in a tuberculous condition of the lungs that it may remain in a very quiet state so long as a fistula *in ano* keeps on discharging, but the allopath comes along and closes that vent and immediately there is a cropping out of the disease by infiltration of the lungs and the patient comes to an early death. The results of diseases are necessary in many instances. Sometimes these results are tuberculous conditions, which are the ultimate outcome or effects from cause, and contain at times the seeds of beginnings of a similar kind. They are not themselves beginnings yet they contain causes. Unless causes are removed from beginning to end the disease can reproduce itself. This includes the first proposition of Hahnemann as to the cure of disease, which means permanent removal of the totality of the symptoms, thus removing the cause and turning disorder into order and as a consequence the results of diseases are removed.

“ But when the disease is annihilated the health is restored, and this is the highest, the sole aim of the physician who knows the true object of his mission, which consists not in learned-sounding prating but in giving aid to the sick.” Hahnemann gives this warning note against discoursing dogmatically upon the flimsy theories of man. It was the custom in Hahnemann’s time for men to cloak their ignorance in technicalities, that is to use technicalities for the purpose of appearing wise. It is done at the present day. I have heard physicians talk to simple minded people in technicalities. Wise people seldom use technicalities. There is nothing in this world so beclouds the understanding as to deal in technicalities, they are cramped and often meaningless. The doctrines of Homœopathy should not be clouded in technicalities but should be considered and talked out in the simplest forms of speech. When talking of the *Organon* and its doctrines, talk good English, if you are English, and use simple forms of speech. One technical word will sometimes mean a whole sentence and can be constituted to mean a good many different things. Technicalities are a sort of scapegoat to carry off the sins of our ignorance.

The "totality of the symptoms" means a good deal. It is a wonderful and broad thing. It may be considered to be all that is essential of the disease. It is all that is visible and represents the disease in the natural world to the eye, the touch and external understanding of man. It is all that enables the physician to individualize between diseases and between remedies; the entire representation of a disease is the totality of the symptoms, and the entire representation of a drug is the totality of the symptoms. It does not mean the little independent symptoms, but it means that which will bring to the mind a clear idea of the nature of the sickness. Many of the little symptoms that occur can be left out of the total without marring, but the essence, the characteristics, the image must be there as that is of importance to the physician being to him the sole indication in the choice of the remedy. It is true that the old prescriber may be able to perceive the totality if he can see only a small portion of it. Prescribing in that way, however, is very often a mistake, for when that which was wanting is brought out, the physician sees that he has prescribed only for the side view, as it were. You become well acquainted with old friends and know them by even a partial view or by the gait, or voice, but it is not so with strangers. Strangers have to be studied, criticised and examined. It requires a long time to know the stranger's methods, to find out how he performs his business, whether he is cheerful or not, to know the character, to know the man. So it is with the totality of the symptoms, for to a great extent every sickness is a new sickness. If the patient has nothing to conceal he will delineate his symptoms cheerfully, but if he has something to conceal it becomes a hard matter to obtain the totality of his symptoms. But this totality must be obtained for there is no other means of ascertaining the nature of the remedy that he is in need of, as it is expressed in the eighteenth paragraph:

From this indubitable truth, that, besides the totality of the symptoms, nothing can by any means be discovered in diseases wherewith they could express their need of aid, it follows undeniably that the sum of all the symptoms in each individual case of disease must be the *sole indication*, the sole guide to direct us in the choice of a remedy.

But it is not enough to consider the totality as a grand whole; besides considering all the symptoms collectively, each individual symptom must be considered. Every symptom must be examined

to see what relation it sustains to and what position it fills in that totality in order that we may know its value, whether it is a common symptom, whether it is a particular symptom, or whether a peculiar characteristic symptom. This we shall consider later in the course.

§ 19. Now, as *diseases* are nothing more than *alterations in the state of health of the healthy individual* which express themselves by morbid signs, and the *cure* is also only possible by a *change to the healthy condition of the state of health of the diseased individual*, it is very evident that *medicines* could never cure diseases if they did not possess the power of altering man's state of health, which depends on sensations and functions; indeed that their curative power must be owing *solely* to this power they possess of altering man's state of health.

The statement is that medicines must be capable of effecting changes in the economy or they cannot restore order in the economy. If the medicine is too high to effect a disturbance in an irregularly governed economy it will be too high to effect a cure in that economy. The potency must be consistent with the degree of susceptibility that calls for the medicine. This susceptibility includes a wide range of potency, so that from the 30th to the c.m. there is seldom a miss in actual experience. It is seldom that the potency is too high, but that it is higher than is necessary is often true. No drug can act curatively except by its ability to effect changes, and it is known that drugs do effect changes by their provings, but in the provings the drug has been increased in quantity or reduced in quality in accordance with the judgment of the prover. Many times the coarser substances effect few changes and sometimes none, whereas the higher substances make sick: this is in accordance with the state of susceptibility. Some provers are susceptible to the higher who are not at all susceptible to the lower. There are patients who are not in the least susceptible to a single drop of the tincture of Coffea but who are extremely susceptible to the higher potencies of Coffea. Such patients, however, are often made sick by large quantities of coffee. Lycopodium in its crude form has upon most people no effect, but in the higher potencies is capable, if followed up continuously, of affecting almost everyone. The effect that medicines have upon the sick in restoring order can best be observed by inducing their effects upon healthy individuals, which we call *provi-*



*ing.* You might naturally suppose, by the way the modern firms bring their medicines before us, that they have by a great effort of their will, and by great meditation, thought out what these drugs will do to the human family. For the purpose of ascertaining the state of medicine at the present time I very often listen patiently to a drummer from some of the New York houses. He will speak his piece, tell what this wonderful combination will do, how many diseases it will cure, and then I ask him how he finds this out, "Oh, the doctor says so. Here are the testimonials." "But how do they find it out?" "Oh, they use them." The drugs have not been proved, and their use is not in accordance with what the homœopath knows the drugs will produce or cure. If you go into a friendly drug store and talk with the druggist you will find these medicines which have been concocted, in the prescriptions of all the fashionable doctors in the neighborhood. In six months from that time if you go to that same store you will not find one of those drugs in use, but a new set following the visit of the traveling man who has come around to represent their wonderful properties. Do not think that I refer entirely to the old school, because a large percentage of these prescriptions is from professed homœopaths, and that is as much Homœopathy as anything they do. The majority of homœopaths do these things, attempting to establish a homœopathic practice upon an allopathic foundation. They try to become fashionable and change their prescriptions as the ladies change their bonnets with the season.

In § 20 Hahnemann says:

This spirit like power to alter man's state of health (and hence to cure diseases) which lies hidden in the inner nature of medicines can never be discovered by us by a mere effort of reason; it is only by experience of the phenomena it displays when acting in the state of health of man that we can become clearly cognizant of it.

There is only one way of finding out what Aconite will do to the economy and that is to give it to many men and note the symptoms that these men experience as the manifestations of Aconite. It is first necessary to know what drugs can make man sick, and next to know what that state of sickness is. Every medicine that a homœopath uses should have been thoroughly

proven upon the healthy so that its symptom image shall have been thoroughly brought out. It is a burning shame upon the homœopathic profession that so large a number of new drugs exists in the homœopathic pharmacies, and that these drugs are recommended for such and such diseases without any investigation as to their properties, other than perhaps that Dr. So-and-So, on the recommendation of some old woman, has used this or that drug for dropsy. Such a thing is positively condemned in every line of the Organon and by every doctrine. There is no principle in it, it is unscientific, and unworthy of the vocation of a doctor. Every drug must be thoroughly proven upon the healthy. In our study of the materia medica I do not encumber you with partially proved drugs. We can study these after we have studied those that have been well proved. The "Guiding Symptoms" contain many medicines only partially proven, and it is often a matter of accident when cures are made with them. But the old remedies that have been handed down from the masters, and that have had years of trial, come to us as friends which we can learn of and become acquainted with. You cannot become acquainted with unproved drugs. When books tell you that a drug is good for this or that pay no attention to them, but when a book tells you that a drug has produced such and such symptoms study these; that is a piece of valuable information. The old school materia medica is made up of the results of medicine upon sickness, an unscientific guide, a fluctuating scale.

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### CORRECT PRACTICE.

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There are essential steps in the conduct of every case which must be skillfully managed or no cure can result except by blind chance, which does not enter as a factor in one case in a thousand. Those steps are: 1. Taking the case. 2. Analyzing the case. 3. Prescribing.

Taking the case means to one physician one thing, to another quite another thing. He who treats diseases will give attention to the signs indicating location of disease in certain organs, and but

incidental attention to symptoms in the past and present constituting the picture of the case as affecting the individual patient. He who treats by keynotes will shun considerations of quality of patient and symptoms in general, and of the case in particular, except to ferret out, if possible, one or more peculiar symptoms; if these are not to be ascertained he will usually fall back upon the pathological method of the one who doctors diseases. A third physician is in the habit of acquiring more than either of the foregoing; he carefully requests the patient to give him a full list of his symptoms, and then asks leading questions to draw out any symptoms that may have been forgotten by the patient. He also inquires into family history, and the patient's previous life and diseases and present habits, occupation, etc. These three ways of taking a case are employed by the large majority of physicians, while the most important factor in the taking of a case is neglected, namely, the making of a permanent record of the case. Of course it would be superfluous for the one who "doctors" pathologically, or the keynote physician, to make a record. In the one case the organs diseased will remain the organs diseased throughout the treatment, and in the other instance if the keynote furnishing basis of treatment fails to be the right point of departure, the physician has lost his bearings altogether, for there are no secondary keynotes. Even he who carefully elicits a list of symptoms and skillfully seeks knowledge as to sources and relations of symptoms is seriously handicapped unless a record of the case is made. It is impossible for any physician to hold the relations of remedies in memory at call, yet on the relation of remedies depends subsequent prescriptions to the first. It may be possible for a very skillful physician of wide experience with retentive memory to make a proper first prescription, but rare, indeed, would be the case that a physician of ordinary amount of practice could keep in mind distinct from each other the symptoms of two or three cases, or who could in a chronic case keep in memory for a week the symptoms of any case out of the ordinary. What then will he do with ten, or twenty, or more chronic cases on hand at the same time, varying in length of treatment from a month to two years? The fact is that physicians who do not record cases carefully generally become routinists.

I repeat, "the most important factor in the taking of a case is a permanent record." This applies to all cases, acute or chronic. As regards chronic cases which must be attended a long time and often restudied as symptoms accumulate or disappear, the value of a record is obvious; yet many who make records for chronic cases neglect to do so for acute cases. It is, however, often demonstrated in the practice of a physician that a case of the acute order is disposed of, and in future years that same patient returns to that physician with another difficulty which careful examination proves to be related sequentially with the former case. Without the record of the first case and its prescriptions this relation between the two cases could not be established. In epidemics also the record is valuable; no one case of an epidemic will give the sum of symptoms of that epidemic; many cases must be compared to find the epidemic remedy or remedies. Accurately kept records will sometimes disclose family idiosyncrasies that carefully consulted and considered may turn the tables for life or death in prescribing for members of that family. It is to be noticed also that records are the only reliable source of valuable verification of clinical material for enrichment of our *Materia Medica*. The case record becomes of service, too, in verifying the statements made by patients; it has been my experience that patients who mean to be truthful will sometimes say "right" when they mean "left," "up" for "down," "in" for "out," and *vice versa*, and in many other ways infer what they did not mean. In future consultation with these patients the record has been the means of rectifying these misstatements. Besides misstatements there may be understatements, overstatements, reserved statements and wild statements, and not seldom imaginary statements, which can be corrected by a good record.

The proper analysis of the case is very important. Every case must be individualized for no two are ever alike. This is so because no two persons are alike. It is the person that must be analyzed—the person that must be doctored. The case is a picture of a man, woman or child in a certain unnatural state. As regards the disease that may be considered to be present, its analysis must be secondary to the analysis of the personal state. The expression of that personal state is the only index to the need of the occasion.

The symptoms will, under the consideration of the skillful physician, resolve into related groups of symptoms, and each group will present prominent symptoms about which will be gathered those of less value. These prominent symptoms will furnish the data of cause and course of the trouble in hand. It may be they will point to some miasm in the blood which must be removed before cure of either acute or chronic symptoms can result. Possibly the case has been in the hands of other physicians who have improperly prescribed for it, and drug affections must first be removed. Or there may be indications of addiction to use of some drug or liquor, or the evidence of some improper habit, or mode of diet, which must be stopped before medication can be efficacious. Possibly there may be amalgam fillings in teeth that must be removed, or vulcanized dental plates that must be dispensed with, or bleaches, dyes, washes, lotions, ointments, soaps, to be discarded. Perhaps pessaries may be found that have grown into the flesh of the wearers, causing offensive discharges and extensive ulcerations. These must be removed. The age of the patient, hereditary influences, former ailments, occupation, habits of life, personal make-up, sex, may influence the analysis of the case. The priority of symptoms also as well as the relative value of symptoms will be important considerations.

As regards the prescription in a given case while, of course, all the considerations pertaining to the analysis of the case are considerations also pertaining to the prescription, there are others. There are remedies that act in relation to the main remedies to be used in a case as scouts act for an army. There are remedies fitted especially to commence cases with similarly as matches are needed to kindle fires. The question of potency is important here according as a case is marked, poorly developed, or in certain stage, or is acute or chronic. Very important also is the question of dose, and closely allied to it the question of repetition of dose. Some remedies are short acting, some long acting. Some are superficial and some deep in action. Some remedies will not bear repetition. Some precede and some follow others naturally. Some potencies under certain conditions precede or follow other potencies, and some doses precede or follow other doses naturally. And as in the analysis of the case so in the prescription for it the

priority (or other place) of symptoms and their relativity must be considered. There will be times too when the question will be whether to prescribe at all, or whether to wait a certain time before prescribing. When prescription is made the totality of peculiar and prominent symptoms must be considered in relation to all the foregoing conditions.

Thus is it seen from the above abstract (not exhaustive but containing the main essentials) that homœopathic practicing is an art. That the art possible in such practice is not courted by many calling themselves homœopaths, and the fact patent that many pretending to teach Homœopathy shun the teaching of that art does not militate a particle against the truth. Willingly granting to the beginner in practice and teaching honesty of purpose in superficial and immature conduct, it seems strange that continued careful study, and watching of cases, and action of remedies, does not show every earnest student of Homœopathy the necessity of conformity to conditions that decidedly rebuke palliative and haphazard methods largely in use. Doctoring diseases in expectation of reaping cures is parallel to firing a charge of shot into a clump of bushes where a rabbit is hiding in expectation of having the rabbit for dinner, or throwing a collection of paints at a canvas expecting the result to be a beautiful picture.

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### INDIVIDUALIZATION, A LAW OF PURE HOMŒOPATHY.

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JULIA C. LOOS, M. D., H. M., Philadelphia, Pa.

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If it is true, as has been claimed, that the doctrines of Christianity have elevated its adherents and it has become superior among differing religions by virtue of the emphasis it makes of the value of individuality and by favoring individuality in the development of its followers, we may, on the same grounds, claim superiority for Homœopathy. In his study of sickness and its treatment Hahnemann firmly grasped the significance of *individualization* and in his teachings has clearly defined its position, so that his followers must say that unquestionably it is the keystone which

holds fast and supports the beautiful doctrines in a unity of strength, a self-sustaining arch of triumph through which many thousands pass from debility and sickness into the paths of light and power of restored health. Other systems of treatment, meanwhile, are but as a mass of separate blocks, no matter how elaborate and attractive in themselves individually, a disconnected mass, purposeless and constantly changing in their relation to each other, each in turn at the bottom and at the top of the heap, but never sustained as a unit. Upon close consideration we find this term has many applications and many synonyms, each of which fits most suitably in one or another connection. Distinction of miasms, discrimination of symptoms, characterization of remedies, individualization of patients, and of treatment, all mean practically the same thing for each object considered. Just what is individualization and wherein lies its value are subjects worthy of some attention by those who seek their use in practice by the laws of Homœopathy.

One of Philadelphia's physicians and surgeons, who has a fair measure of fame's favors, tells the students in his clinic, at Blockley Hospital, that the great difficulty with the patients there is that they have so many different diseases it is a question what is the best way to take hold of them, and really the only thing one can do is to take hold of the worst one, treat it alone, then take the next worst and so on, and thereupon, with the patients at hand, he decides what can best be done for that locality where he observes the most disorder and goes to work at it—as a witness says, just as if the man or woman were a mechanical contrivance without a bit of vitality at all. To a homœopath how absurd does this seem, and the more the thoughts dwell upon it the more ridiculous does it become; but the most absurd part of it is the simplicity of the great professor, wholly unconscious that he is guilty of anything but the only possible solution of the matter, and that of his hearers none would dream of questioning it. To the homœopath this position is absurd and untenable because he has learned to look upon each patient as a *unit in disorder* and each manifestation ("different disease") would be but an added opportunity of becoming acquainted with the disorder and a means of guiding him to the needed remedy, which, when administered,

would start the curative process in the whole economy along the lines of the natural order of change, including every ailment as a part of the whole. Thus, in many patients who might manifest similar disorders of the same organs, by individualizing the cases and considering relation of the particular patients a different remedy might be found indicated for each one.

In learning the materia medica, becoming familiar with the various drugs, they are impressed upon the mental conception and classified according to their characteristics, their individualizing features. While many remedies have similar features, there is some qualifying characteristic of those features in each to distinguish it from the others. Sometimes the differences are but difference of degree, of frequency, sometimes it is difference of relative importance to the whole drug image, hence the study and the characterization of drug images is greatly aided by the classification and grading of symptoms. We find four orders and three grades. Those symptoms brought out by a large number of drugs in nearly all persons or in nearly all sorts of sickness, such as seem the common expression of vital disturbance by subtle influence, either drug or miasm, are termed COMMON SYMPTOMS. They do not particularly mark any one or a few remedies, they are not characteristic. Such include headache, nausea, lassitude, irritability, diarrhœa, constipation, aching in the limbs. When we note special features of these symptoms, some qualifying, individualizing feature of the ache or diarrhœa, some special *kind* of pain and *occasions* of the diarrhœa, such things differentiate the symptoms of drugs and hence fall in the rank of CHARACTERISTICS, PECULIAR SYMPTOMS. Headache that consists of gradually advancing, wave-like throbbing, increasing in severity, is somewhat peculiar, nausea that cannot tolerate anything warm in the stomach but is soothed by cold drinks is no longer common; constipation, that is inability to expel a perfectly natural stool without exhaustive straining and pressure, is marked unusual, hence peculiar. With respect to the extent to which the economy is involved, a symptom is termed GENERAL or PARTICULAR. An effect produced upon the whole patient, a characterizing feature or modality of all his parts, all his symptoms, is a general. As the mental condition of man most fully represents him his mental



symptoms are general. When all complaints are more manifest at midnight, there is general aggravation at midnight. When he is more at ease in an airy apartment or open air, feels uncomfortable and stuffy and less like himself in a close room, it is general relief in open air. When he craves cold air and pains are better in the cold, it is general amelioration. When motion augments all his suffering, disturbs him throughout, he is generally worse from motion. So far as a certain character or modality applies to all his complaints or all parts of the body, so far is it general. Symptoms that affect one region, a particular organ or special functions fall into the class of particulars, such as sensitiveness of stomach, throbbing in the arm, bruised feeling in the foot, heat in the rectum. The nearer the innermost the symptoms are, the more closely do they approach the general effect, as all that affects the innermost extends to the outermost.

Thus we may have general symptoms, common and peculiar, and particular symptoms common and peculiar. As we find the *general symptoms* show more the *state of the whole man* and in disorders the *peculiar symptoms* give character or designate the *nature of morbid effects*, it follows that the *general peculiar symptoms*, more than all others, characterize the effects of drugs, or of miasms upon the economy, and we are justified in relying upon the general peculiar symptoms as individualizing features of the remedies. Hence we recognize Nux vomica by intolerance of noise and sensitiveness to all surroundings, violent anger at trifles, general relief from quiet and warmth, and a 3 o'clock aggravation. Apis is characterized by stinging pains, intolerance of heat, amelioration from cold bathing, œdematous swelling, afternoon aggravation and a peculiar rash. Carbo veg. has much capillary and venous stasis, mental torpor, exhaustion, vital depression and slowness, coldness with desire for much air. Iodine is recognized by its aversion to heat, tendency to emaciation with contemporary enlargement and induration of glands, necessity to be in motion, profuse perspiration on slight exertion, ravenous hunger with relief of complaints while eating. Arum met. stands out among all remedies for aversion to life and longing for death. There are boring pains, nightly aggravation, sensitiveness, tendency to ulcerous formations and catarrhal affections. Crotalus attacks the

vital fluid, disorganizes the blood and thereby affects the body, with tendency to great and small hæmorrhages. There is sudden prostration and malignant state, bloated skin with livid, patchy yellow spots. Petroleum gives mental confusion with delusion of another person (as a double of oneself). It produces nausea and vertigo like seasickness and develops indurated, crusty, bleeding eruptions on the skin, indurated glands, fetid catarrh, complaints developing here and there in a patchy way. All other symptoms, all particulars whether common or peculiar, all common whether general or particular, are subordinate to the general characterizing features which distinctly mark the nature of the remedy in its action on the economy. It will be observed that many generals are built up from observation of particulars, the nature of pains and effect of circumstances is found to be the same in all particulars, and leads to its statement as a general. Many remedies are characterized by peculiar particulars which have been used as key-notes in prescribing, but such use of keynote particulars, without corroboration of the general symptoms, is eminently bad prescribing, and is, perhaps, responsible for a large number of failures in attempts to cure deep-seated disease.

Characterization of remedies is further accomplished by grading of symptoms. Many remedies have the same symptoms in their nature, but shown in different degrees. Likewise in the effects of one remedy many symptoms are prominent and characteristic, but some occur more prominently, more constantly than others. So, for convenience, we have the three grades, or, with the additional "doubtful grade," four grades. Such symptoms as are found in all provers of a remedy and verified in use in sickness frequently are first grade symptoms in that remedy; those occurring in many but not all provers, frequently verified in patients, by elimination with the drug, are second grade; third grade includes those found in some provers often, or occasionally verified, also those frequently verified though not fully brought out in proving. Thus remedies having the same symptoms in their manifestations are distinguished by their grade, the prominence of their characteristics. It is by such recognition of drug images that we attain what Hahnemann includes among the precautions for the physician: "the knowledge of what is curative in drugs."

Then individuality of the patient is to be sought in taking the case, which requires, as Hahnemann tells us, unbiased judgment, sound sense, attentive observation and fidelity in noting down the image of the disease. Each patient, no matter what the complaint, what the age or the station of the patient, is to be permitted and encouraged to tell the story of his ailments, in his own way, so long as he will continue, stating all that he feels and notices concerning himself. This is a radical departure from the routine examination of a patient by the plan of objective investigation and diagnosis, which depends solely upon external inspection, examination by touch and sound and microscopic inspection of discharges and excretions. One accustomed to the latter method is totally unfitted to receive information as to the patient's condition, by attentive observation and fidelity in noting down the image as given by the patient, receiving it with unbiased judgment and sound sense.

Suppose the patient to be an infant. It is to tell its symptoms *in its own way*, and the physician, without bias, is to give attentive observation and note faithfully all that is presented. The crying and fretting will tell much. By it we can get many modalities. When it is a cry that means simply pain and discomfort all circumstances that soothe it show amelioration of suffering, while those that bring it forth show aggravation. Thus is seen the effect of different positions, of motion and rest, of nursing and many other things, the time of aggravation (for when he feels worst he will be most fretful). The character of the cry may show simply suffering or discomfort, spunk or anger, melancholy by a whine, or the piercing cry affection of brain. It may also indicate weakness or hoarseness. Locality of pain may be indicated by baby's motions and gestures. Writhing, drawing up and kicking of legs, spasmodic contortions of mouth, bespeak abdominal pain; rubbing head or face show pain in head; avoidance of touch or motion of limbs shows sensitiveness or pain there. Ease and awkwardness of movement, purpose and purposelessness of movements tell the inner state. Mental and nervous states are shown in expression of countenance, liveliness or dullness, activity or quiet and response to external impulses. Digestive troubles are shown in his conduct during and after nursing,

desire for or indifference to food, general amelioration or aggravation during and after nursing. Preference for warm or cold food is unmistakable, for what he does not want he will not take. Thirst is shown by his actions as plainly as though he spoke the words to ask for drink. Symptoms relating to bowels and urinary organs are all to be observed: Ease or difficulty of evacuation, discomfort preceding, during or following passage, times of occurrences and circumstances that cause or delay it, character of discharges, appearance, effect on skin. Accompanying actions of child tell plainly the state of affairs. Chest troubles are indicated in cough, nature of breathing, in positions, and the appearance of face. Phlegm in chest, throat or nose and ability to discharge it are evident. Effects of bathing are seen in his conduct during and after the bath, it is evidently a benefit or an aggravation. His treatment of cover and clothes shows his subjective heat and cold; he may kick off the covers or creep closely down beneath them. Character of sleep, tissue development, circumstances that ameliorate or aggravate, are all to be learned by observation, which will have many opportunities of discerning what is agreeable and disagreeable from his conduct. What can you not learn of baby's feelings and ailments by careful, attentive observation? Every feature of the disorder is expressed in perfect freedom and simplicity, with no trace of dissimulation or perversion to suit what may be thought to be the expectation of the physician. A perfect image of the disorder may thus be obtained. In the infant older grown and in the adult the training of self-control, the customs of society, modifications of habits from reasoning, combine to interfere with such free, unchecked expression, so we must depend upon the patient's *description* of his feelings, his desires and aversions beneath the restraint of custom. Just the same must he be permitted to tell it all in his own way, using his customary terms and descriptions, whether he be of simple folk or highly cultivated or educated. For many particulars, easily observed in the infant from its helplessness and need of another's care, we must depend upon the parents' or the attendant's observation. Often they have not observed and must be instructed to do so. Details and conditions not voluntarily mentioned must be obtained by careful inquiry. By thus noting the image, ob-

tained as directed (§ 84-101 *Organon*), with past ailments leading up to the present state, we have all the points which show his demeanor under sickness, express his individuality in that disease which has control of him, just as truly an image of him as a portrait of his features, and portrayal of his manners would be of his external appearance.

The chief purpose of all this is to find by what miasms the patient is affected and what remedy is closely enough related to restore order once more in the disordered economy. This requires the finest discrimination, the closest individualization of the whole matter. Having already become acquainted with the images of the miasms (similarly to the manner of learning the drugs by their characteristics in symptoms and development), preparation has been made to look upon the whole image of the patient by careful consideration of the groups of symptoms and the history of their appearance, and thus to determine which of the miasms is here portrayed. Having done this, the remedy is to be sought. Here are the pages of symptoms, all the details of the whole sickness, how is the record to be used to indicate which of the remedies in the great store house is the one needed here? The constant features are the lines to which we shall cling, those that belong to the patient through varying phases of the disorder and under varying conditions. Common symptoms will not aid us in this, so they may be practically ignored in favor of the characteristics. With these common symptoms must be put aside also those which are easily accounted for by the existing conditions explained by pathological tissue changes and mechanical interference, such as might from a lump, disordered circulation from pressure on vessels and other pressure symptoms. But the peculiar features of these common symptoms will be of use. The kind of pain, the color of swelling, circumstances which ameliorate and aggravate the common symptoms; the color, consistence, quality of discharges and so on. From symptoms of this sort must first be selected those which are most general of the patient, of his complaints. It may be changeableness, or suspicion, loquacity, or aversion to talking, stupor, delirium, burning pains, aggravation from noise, relief from walking, aggravation from heat, amelioration lying, aggravation at certain time of day.

Whatever they are, the most general and most prominent features are of first importance as expressing the patient. The next selection will be the most prominently characteristic, most internal particular symptoms. After the particulars relating to the most internal, those belonging to the more external, are selected in order toward the grossest externals, which are the changes in tissue formation. Not only does such discrimination fix in the comprehension the image of the disorder, the relations of parts to the whole, but it is of paramount importance in seeking the remedy for the individual by aid of repertories. Equally important is it that the repertories should be full and reliable for comparison, for the most prominent generals must be likewise prominent generals of the curative remedy.

All students of Homœopathy know these things, and they may seem unduly dwelt upon; but this feature of individualizing, the nice discrimination of symptoms, is not easily mastered, though of paramount importance in getting at the bottom of the case. We have heard of it over and over again, but for many reasons do not always follow it. In the course of taking the case a few features closely resemble and thereby suggest a certain remedy, a few others look as much like another remedy while other remedies may be suggested by prominent features. We think it over, decide that one group is the most important and administer the remedy which it most closely resembles without due comparison with others which may also have those features. Behold! the remedy does not fit the case, and at length the realization comes. *It is essential to find the remedy most closely resembling ALL the features of the case*, and this can be done only in the way above indicated. Students in the first years of practice do not half realize this, though the words are repeated over and over and over, but each year of active work and study brings more and more deeply to the understanding the significance of these old fundamental precepts. In the first years it is such a delight to see the homœopathic remedies take hold at once and restore order in the various forms of "cold," pneumonia, diarrhœa, measles, etc., and to see the little sulphur and calcarea children grow bright and hearty after administration of the clearly indicated remedy; to see the undoubted lachesis, lycopodium, hepar and mercury forms of

tonsillitis entirely disappear in a day or two after having the remedy, that we expect to see the remedy in the case before us, and are not particular enough in the less pronounced, more doubtful cases, to ascertain that the remedy in mind is one most closely fitting the entire patient. It is in fact only by hard work, by constant delving and keeping close to the mark set up at the start, when all precepts are fresh and hot, that laziness and carelessness, that worst besetting sin of those who start well, shall be prevented. Without this constant application and careful individualization of every case that comes, no matter how much it resembles another nor how widely it differs from previous ones, there is no salvation from error and failure and the discouragement that finally brings forth the conclusion that "after all even Homœopathy is not much use in sickness" it was only a delusion and a dream. When this point is reached it is time to start with fresh determination and give new attention to the old principles that were once known but not followed to open the mind again to the light and with greater fidelity follow the early master's full, all-embracing instructions, and the result will be a new chapter of usefulness.

There is yet another off-shoot of this principle of individualization. The *materia medica* having been carefully studied, the case carefully taken, the remedy selected accordingly, the patient is again to be considered in the administration of the remedy relative to the potency to be used. Some patients, oversensitive, markedly susceptible to drug action, would be unnecessarily stirred up by high potencies, though these would prove curative and in the end beneficial. Such violent disturbance and aggravation of symptoms preceding the desired improvement might be avoided to a large extent, by use of much lower potencies; a feature it is well to consider before giving the remedy. More important to consider than this super-sensitiveness is the *stage of progress of the disease* in the patient, especially of chronic disease. It must ever be borne in mind that *benefit to the patient in hand* is the aim of the treatment, above everything else. When disease action has progressed so far that much change of tissue has occurred, and vital organs are so altered that reaction would involve their destruction, the physician is in duty bound to recognize that *cure is impossible*, and so far as possible palliation must suffice. This may be ac-

complished with remedies superficial in action, adjusted to the most distressing groups or remedies relatively superficial related to the whole case, or the curative remedy, if that is the only one effective, may be given in low potency. By continuing such treatment, when the disease has not gone too far, the deeper remedy or deeper potency may be given later when the economy has been improved, though at first it could not have withstood the reaction of such deep adjustment. Thus remedy and potency must be adjusted to the individual case. In those cases where cure is impossible and the distress is not to be relieved except by the deep acting remedy (that would have cured earlier in the case) that must of necessity be administered, though it shorten the life of the patient, for when cure is impossible prolonged distress is no benefit to the patient and relief of suffering is all that can be accomplished.

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### CURED SYMPTOMS.

E. W. BERRIDGE, M. D., London, England.

I. Tubercular disease of brain. Lies on back almost unconscious; staring, without taking notice or speaking; frequently moves left arm and raises left hand to left brow, as if there was pain there. Pupils dilated and insensible. When told to put out tongue, does so slowly and with difficulty, as if she did not comprehend at first. Has been thus for three and a half hours, and for two or three days has been somewhat unconscious at times. *Helleborus niger* 1 m. (Jenichen) in water, a dose every hour till better. About 11 A. M. next day her mind had cleared, she talked rationally; no pain; in afternoon rose from bed and walked with assistance to a chair. Her husband said she was brighter and more talkative than she had been for weeks; all the heavy listless cloud had disappeared from her face and manner.

II. Nose, forehead, and knees cold at night; the symptoms commence thirty minutes after going to bed, relieved after rising from bed in morning. The coldness is always preceded by a shivering about twenty minutes after going to bed. *Cedron* 45 m. (Fincke) one dose.



## DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the *Organon*.

## CLINICAL CASES.

G. H. THACHER, M. D., H. M., Philadelphia, Pa.

How easy it is to suppress symptoms, how easy to change the aspect of a case, how easy to think "disease" and not "patient," to reason from lasts and not firsts, from the circumference to the center, instead of from center to circumference. And yet how hard it is to get the patient back into the narrow way that leads to health when once the path has been left; hard for the patient and hard for the physician. And yet some of our seemingly most wonderful cures result in such cases as drift into our hands from the allopathist, or the mongrel homœopath, who, by the way, is not always a low potentist.

Is it to be wondered at that 90 per cent. of medical graduates are found to be in other employments at the end of five years from their date of graduation. What else can we expect if they are conscientious, or if their sustenance depends upon the results of their work, what else can we expect except medical shipwreck on the rocks of materialism and chaotic clinical experience if they have not the God-given compass "*Similia*" to guide them through the shoals of inexperience and uncertainty; but how different it would be if they would take this ridiculed compass and lay their course according to the chart that Hahnemann has given to the tempest-tossed medical mariner, the "*Organon*." What an immense amount of work would be required but what an immense amount of good would be done.

The following cases are not presented as being out of the

common, but simply to show how order will be established when law is conscientiously followed.

Mrs. Maggie E—— came to me June 5, 1895, being brought by her husband. She had been under treatment of both schools, first, homœopathic, and then the old school, getting gradually worse until she had become insane, and had been sent to the State Asylum, but had been sent home pronounced "incurable but not dangerous." It seems that three years previously she had had some sort of annoying vaginal discharge which was "cured;" then a few months of quiet, when terrible pains were felt in the uterus, which were diagnosed endometritis, and the uterus was scraped. Then followed pains in the head and she began to be irritable and melancholy, it seemed impossible for her to do her work, she began to have spells of inability to control her feelings until finally the pains became so unbearable that she would curse and swear, use the most obscene language, and call her Creator all sorts of vile names, "everything she could lay her tongue to;" she was conscious of it all but could not help it. In her lucid intervals she would worry and cry over the thoughts of what she had done, until she finally made up her mind to kill herself, and the family had to watch her day and night to prevent her from so doing; at times it would take three or four men to hold her; finally the mania took the destructive form, she put poison into the water that the family was to drink, smashed everything she could get in the house, and was even found saturating a bed with kerosene preparatory to setting it afire and destroying herself. She had been treated all the while by the homœopath until the family got tired and called in an old school man, who promptly sent her to the asylum. When taken there she was confined to the padded cell and strait-jacket, until she fell into a high fever, after which the frenzy seemed to leave her and she became more docile, although she still worried and grieved over her former conduct. Finally they sent her home. Her husband, the family, friends and ministers could not persuade her to give up such thoughts; she said it was of no use, she had cursed her Maker and she was damned, and that they should let her die.

At this time they came to me, and further than the above history I could get no symptoms. Not a very encouraging out-

look for me, as you may believe. I put her on Sac. lac. and waited. She said it was no use, and wouldn't take her medicine, so her husband would carry it around in his pocket and give it to her at the proper intervals.

After two months of patient waiting there began to be a little light, old head pains and a burning that she had complained of around the neck, like a ring of fire, came back. This burning extended down the throat and down the arms, it seemed to choke her, she must have the doors and windows open, her feet were icy cold, full feeling in the abdomen; but what guided me to the remedy was her personal appearance; formerly she had been the picture of neatness, and her house was as clean as anyone could have desired, but she had become so slatternly, and her house was filthy; *she* was filthy, her husband said he could not coax her to take a bath or to wash her under clothes, she was so indifferent to everything; I thought I was warranted in giving Sulph. 55m. July 10th. She had been having light "spells" off and on since her return from the asylum, but they had been able to keep her in subjection by threatening to send her back if she didn't behave herself; but after the Sulph. was given the next spell came in a day or so, and they had to resort to force again to subdue her. Her husband came to me and said he guessed they would have to send her away again, as my medicine was making her worse again like Dr. ———'s and they could not stand it. But on my assuring him that she would be better after this attack he agreed to wait a little longer. Where would I have been without my adherence to law? Results proved the correctness of the prescription; it went on until October 9th, when an ear discharge, that they had not told me of, made its reappearance; discharge constant, yellow and offensive, face sore from ear down, zygoma sore to jar, menses appearing now at five-week intervals, before treatment intervals of three to four months. Head better but still aches much at time, worse before dinner. All gone feeling in abdomen, worse on arising in the morning, ring of fire better, gone down on to shoulders.

I had prepared the family for a return of old symptoms, explaining that this was in the direction of cure, and they were as much interested in seeing old "friends" crop up as was I. I won't

bother you with the details of nondescript or common symptoms for which the Sac Lac was religiously given (and taken), but go on.

In December (10th) she began to complain of cold chills that had not been noticed for two years; cold "crawls" upper part of back and shoulders, extending down arms and shoulders, driving the burning before it. Prickling and formication of the face, both sides, but worse on the left; tickling in the nose, causing the eyes to water; these being old symptoms. Arms sting as if she had been out in the cold and had come into a warm room. Discharge from ear better, but still marked. Mentally she was better, but still dirty. By dirty I mean in comparison to what she was before being taken sick. Sac Lac repeated.

In January, 1896, the burning had left the neck and arms and had gone into the legs. The all-gone feeling is better; uterus seems to be pushed over on to the left side; uterus painful; sensation, on standing, as if everything would drop out, worse after menses (old symptom). Menses now every four weeks. Much appetite, eating all the time, she is so hungry. Tingling in the arms returning, at times.

March 17th. Eyes so heavy all day (old symptom). Itching and irritation in vagina, soreness in rectum, both old symptoms. Greasy taste in mouth (old symptom).

April 1st. Not feeling well for a week, but better now; the stinging is returning, also the burning around the neck; not eating so well.

May 10th. Better. Nose stopped up at night, runs during day (old symptom). Tired feeling all the time. Appetite poor. Much sneezing.

June 17th. Draggy, all played out, stinging and burning very bad the last three weeks; beginning to lose heart, thinks she will never get well. Sulph. 55m. (2d dose.)

September 22d. Not feeling well for several weeks, burning returning, now down the back and in the left groin, where it was just after the vaginal discharge was "cured." Twitching and jerking in arms; all-gone feeling, worse about 10 A. M. Lump in vagina, feels as if full of fluid; very irritable. Sulph. c.m.

December 15th. Much pleased to report a slight return of the

flow from the vagina; general condition much better since it came.

March 2d, 1897. Head pains returning, likewise the burning; much pain through uterine region lately, worse a week before menses; much itching in vagina and discharge, "like she had four years ago." Chilly from waist down. The last week in February she had a bad attack of erysipelas, which was promptly relieved by Rhus 2c. But she did not seem to recover from the after effects, so I repeated the Sulph. c.m.

June 15th. Reports feeling much better in every way; her husband says that for the last six months his home has been like it was before his wife was taken sick. She has taken up her church work again and has taken a class in Sunday School and is working hard.

November 2d. Reports the vaginal discharge in all its pristine loveliness; colicky pains around the navel and through the uterus; discharge makes the vulva sore, discharge thin and burning; very irritable last two weeks, headache with nose-bleed (old symptom); restless, can't get her work done quick enough to suit her, "everybody moves too slowly." Sulph. m.m.

Since that time I have had no report from her, except that the discharge stopped in a month. Her menses are regular now, and her family say she is all she was to them before being sick. At any rate she is now *clean*. Mr. E—— says that things around home are like home; she is happy and getting fat.

There are a few interesting points that might be noticed. The first prescription held the case eleven months, the second only three, showing that the remedy had done all it could on that plane. If I had been confined to a preparation of Sulphur that the microscope could have seen the particles, or chemical action would have resulted from, it is probable I would have had to have changed my remedy, although the Sulphur was still indicated; but giving the c.m. an aggravation resulted with the reappearance of old symptoms and the improvement of the *patient*. The c.m. held seven months the first time and nine months the last. Perhaps it should have been repeated sooner, but the symptoms did not call for it and I held off as long as I could.

As soon as the ear discharge, that had been suppressed, returned

the patient began to get better, and after that it was only a case of waiting and seeing the case unfold, going gradually back over the track the symptoms had taken, the last symptoms reappearing and leaving first and earlier symptoms taking their place, at the same time the symptoms leaving from above downwards. I might be criticised for waiting so long in making my first prescription; but, in defense, I would say that I saw no remedy, and it is much safer to *wait*, even in cases apparently at death's door, than to prescribe before the remedy is plainly seen; the results warrant it, and we do not run a risk of making a curable case incurable by a wrong prescription. Hoyle says, "when in doubt play trumps;" his advice is applicable here, but our trump is to *wait*.

If this case had received Sulphur in the beginning, instead of having had the discharge stopped, the whole trouble would have been avoided. After that was suppressed the uterus was the next point that harassed nature tried to relieve herself in, and that being denied her the deeper organ, the brain, was attacked.

One such case is worth more to a man than a thousand pages of what Dr. Jones, Brown or Smith "finds *useful* in such and such *diseases*;" the one demonstrates the applicability of the law, the others are bosh.

The second case is not so voluminous and possibly not so interesting.

December 6, 1896, I was called to see Mr. Peter A., who had been confined to the house for several months on account of an accident in which he had been struck on the head hard enough to cause him to lose consciousness and to remain so for six hours. Since the accident he had been about the house, but they could not allow him to go out unattended as he would have periods of forgetfulness on the street, in which he would not know where he was, who he was, or where he was going; during these attacks he would wander around for hours and would have no remembrance of it, or what had happened during the interval. He was very restless, "gets the fidgets," to quote his wife; worries, thinks he will never recover; sensation in the head as tho' the scalp were too tight, and as if it were being drawn off; much aching in the afternoon; has "stupid" attacks in the afternoon, they cannot rouse him; pays no attention to anything that is said to him;

"wavy" sensation in head which is weak and dizzy, better when sitting still, worse from motion; a sharp pain in head on sitting, from left orbit, as of a band of pain getting wider as it extends backward, until it covers the whole of the occiput and may extend around involving the teeth on the left side; can't stand the least noise; sleepless, must have head high to sleep; bowels like pitch in color and consistency; general condition worse at 11 A. M. and 7 P. M.; better from lying down. Natrum sulph. 52m.

There was marked improvement in everything at once except in the mental symptoms, they got gradually better, but it seemed to me that the direction was not right; but as there was nothing to do but wait, wait we did, until in February he came down with the chills; the attacks would come on at 8 P. M. and he would be freezing all night until about 2 A. M., when the fever would come on, no thirst at any time; about 5 A. M. he would have the black, tarry stool, with much urging and pain; he had to hurry to the closet for fear of losing it. We waited several days, when, the chills showing no disposition to leave, the Natrum sulph. 52m was repeated after a chill. The next chill was his worst, but he had no more. On being questioned, he said he had an attack of chills similar some five years before; that they had been cured by quinine, but that he had never felt good since. On the disappearance of the chills the head trouble entirely disappeared, and he remains well until to-day, I having met him recently on the street, and hardly knowing him he had picked up so.

This was a case of dumb luck in striking the constitutional remedy through a prescription for an acute trouble, but the case shows what comes of *waiting* and thinking *patient* and not disease.

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CLINICAL NOTE ON PULSATILLA.—In lepra vulgaris the diffuse form of psoriasis, when it occurs in large patches about the size of the palm over the abdomen and other parts of the body, with heat and redness, and itching worse at night in the warmth of the bed, *Pulsatilla* has worked wonders. It goes to the bottom and cures it in an orderly way. This is a feature that is not brought out in any of the books. From the observation of this fact I have been able to cure the mange in dogs at once with

*Puls.* when the disease took this patchy form. We see the depth of action of this drug also in its ability to antidote the effects of *Sulphur*. When *Sulphur* has been used externally and internally to suppress itch, *Pulsatilla* will antidote it and bring back the itch.

In all skin diseases, however, let it be your aim to fit the remedy to the constitution of the patient and not to the character of the eruption alone. Always leave the consideration of the skin to the last. When the reverse is done and the remedy suits only the eruption, while the skin symptoms are benefited, the patient is invariably made worse.—*Kent*.

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### BOOK REVIEW.

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DISEASES OF THE SKIN, Their Constitutional Nature and Cure ; by J. Compton Burnett, M. D. 3rd edition, revised and enlarged. Philadelphia: Boericke & Tafel. Cloth \$1.00 net.

This book is intended by its author to prove that skin diseases are not merely local conditions, but are really "outward expressions of internal disease," and we can heartily congratulate the author on the convincing array of facts which he has adduced to this end. The evil results of external suppressive treatment of eruptions are also well brought out, showing the perception of the author to be far above that of the dermatologists of our school. What *homœopathic* college does *not* teach the use of ointments, lotions, and other external applications for the cure of what are really constitutional conditions? We welcome this little book as a barrier to the wholesale turning back of professed homœopaths to what was long ago condemned by Hahnemann, viz.: the robbing of psora of "its ameliorating cutaneous eruption, which acts vicariously for the internal disease." Dr. Burnett, in his preface, says: "In 'these days of scopes and meters' *thinking* in the profession is well nigh dead. One sees no end of percussing and auscultation: the faintest murmurs, sounds, tinkles, *râles* and *bruits* are well known and learnedly discoursed of, but what of the curing?" This is a sample of the pithy and racy style of the book, and it will repay a close reading.



## SCATTERED LINKS.

The greatest comfort on earth to man in incurable diseases is Homœopathy.

Structural changes are not the basis for a prescription, but the symptoms which existed before the structural changes appeared.

The mind symptoms, if you can get them, are the most important. If the pathological symptoms seem to contra-indicate a remedy, and the mental symptoms to indicate it, these are to be taken.

In cases without symptoms, the patient must be kept on Sac. lac. until you can discern some generals. If the patient is only "tired" without guiding symptoms, you may know that the case is liable to terminate in some grave disorder—consumption, Bright's disease, cancer, or the like.

A copious discharge protects many an individual from changes in organs.

Hahnemann did not mean simply scabies when he said itch, but skin diseases as a class.

When derangement localizes itself in one particular place, it is for the purpose of tearing that organ to pieces. If it sets up a discharge, that is a sort of safety valve and the other organs are protected.

No external applications which are capable of doing anything can be used without injury. If they are so simple that they do not change the symptoms they are, of course, useless.

The healthier the patient is the more likelihood there is for an eruption to come upon the skin. The vital energies must be sufficient for this. A cure progresses from within outward.

All susceptible provers will bring out the images of the remedy. The prover catches the drug disease from one or two doses, just as people do the scarlet fever or grippe.

Never leave a remedy until you have tested it in a higher potency if it has benefited your patient.

The wisest will make mistakes in perception, but the aim must ever be to find the most similar of any medicines proved, and to recognize that there is one most similar of all.

A keynote prescriber is but a memory prescriber; he has memorized only and has not made it a part of his understanding. Such prescribers are almost useless and it is among them that we find those "falling from grace."

You cannot count twenty-five decent provings since Hahnemann. They leave out what they call imaginations and put in morbid anatomy.

As soon as you begin to prescribe on peculiar symptoms alone you prescribe on keynotes, and will not do good work. When you have three keynotes it is true you may possibly get the right remedy, but what do you know of your patient, or of the image? You will never have the case in hand or grasp its true nature in this way.

Often you may think a patient has all the symptoms in the *Materia Medica*, when in reality there is not a general or guiding symptom on which to prescribe. Such lack of symptoms is due to feeble vitality.

REPRINTS of "*What the People Should Know*," by Dr. J. T. Kent, and "*Homœopathic Philosophy*," by Dr. J. C. Loos, can be had at the following figures :

"*What the People Should Know*," - - \$1.00 per 100.

"*Homœopathic Philosophy*," 16 pp., - \$1.00 per 20.

The lectures on *Materia Medica* began in Vol. I., No. 1, and the Lectures on *Homœopathic Philosophy* in Vol. I., No. 5. Back numbers can be supplied to students and physicians. Single copies of the JOURNAL can be obtained, price 20 cents. *The JOURNAL OF HOMŒOPATHICS is the only journal to which these lectures are furnished for publication.*

*Erratum*.—Page 66, second line. Read "except" between "drug" and "in."

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## DEPARTMENT OF MATERIA MEDICA.

### CROTON TIGLIUM.\*

Lecture delivered by PROF. J. T. KENT, at the Post-Graduate School.

Croton oil, when applied to the skin, produces both vesicles and pustules upon an inflamed base, and the part becomes very red and sore. The inflammation often increases until it resembles erysipelas, but more commonly the eruption produced resembles a vesicular eczema. This eruption will come on for a few days and will then desiccate, and in a few days longer it will desquamate.

When one has been overdosed, as is done in a too prolonged proving, or by the crude drug, or when the prover has been markedly sensitive, we get an alternation of states, the internal alternating with the external. After the eruption is out the external manifestations are not present, as is seen in the rheumatic state, the cough and the bowel symptoms. If we study these groups separately we will find they are all interesting.

First, its cough. It has an asthmatic cough, coming on in the middle of the night, often arousing the patient from a sound sleep, compelling him to get up and sit in a chair, accompanied by dyspnoea, choking and gagging. Attacks of violent coughing, worse at night and worse on lying down, compelling him to sit up, to be bolstered up in bed, or to sit up in a reclining chair. His friends wonder if he is not going into consumption. If it

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\* Stenographically reported by Dr. S. Mary Ives.

is a child they wonder whether it is not whooping cough. There is extreme irritation of the air passages, so that the inhalation of air brings on the cough. Sensitive to deep breathing. Now, this will go on for a while and finally he will break out with an eruption somewhere upon the body, vesicles and pustules, in clusters and patches, that become inflamed and red and finally dry up and desquamate and disappear, and then back comes his cough. This may go on as a chronic state, and when such is the case it will be very well to know this remedy.

The next most important symptoms are the bowel symptoms, and perhaps they are the best known of any of its symptoms outside of the eruption. It is suitable in both acute and chronic diarrhoea. It is suitable in cholera infantum. The marked feature is the extreme suddenness with which the stool is ejected. It seems to come out in one gush of yellow, watery, or pappy stool; soft, thin feces, coming out with one gush. So marked is this that it is not an uncommon thing for a country person to describe it as "like that of a goose." It all gushes out in one squirt. The mother says of the little patient: "You would be astonished, Doctor, at the violent rush, for it all comes out with one squirt." That is descriptive; you can understand from that that it is sudden. Many remedies have a holding on and a prolonged effort at stool, until it takes quite a long time. Many of the diarrhoeas are prolonged with numerous little gushes of this feces or water, but this particular feature is striking. It may not always be so, but this violent gush of thin, yellow feces or yellow water is a striking feature of the remedy. With this the abdomen is very sensitive, and is greatly distended; there is much gurgling in the bowel and when the physician puts his hand upon it the patient will say he feels the gurgling as if he were full of water, and it probably is so, for the expulsion of the stool would not occur in one strong gush were it not for the fact that the colon and rectum were full of fluid. Another peculiar thing commonly attending Croton tig. diarrhoeas is that pressure over the abdomen or pressure about the umbilicus causes a pain in the rectum and urging to stool, and a feeling, with the expulsion of the stool, as if the rectum would protrude. Clinically it has been described as if the pain followed the intestines all the way down to the anus. The taking of a little

water, or of a little milk, what would ordinarily be suitable food for such a diarrhœa, will at times cause an instant urging to stool; he must go to stool immediately after eating. This gives you the general features of the Croton tig. diarrhœa. If it is in an infant there is great exhaustion, tympanitic abdomen, much rumbling of the bowels, great sinking, and as soon as the little infant takes one mouthful of milk or draws from the mother's breast it expels a gush of liquid or pappy stool. This sensation that follows pressure at the navel is almost a drawing. It is very similar to the sensation that takes place in the colic of *Plumbum*, which is described as a sensation as if a string were attached to the umbilicus, drawing backwards; Croton tig. has it markedly and it is not always attended with diarrhœa. When it is a colic it is relieved by a swallow of hot milk or any hot drink.

Another most important group of symptoms is its eye symptoms. It has eye symptoms of an inflammatory character, and around the eyes and upon the lids are vesicles and pustules. Pustules upon the cornea, granular lids. Inflammation of all the tissues of the eye. It has an inflammation of the iris and conjunctivitis. The blood-vessels of the eyes are distended, the eye looks red and raw, like raw beef. The eyelids when turned out are seen to be greatly inflamed and granular, covered with vesicles and pustules. With this inflammatory condition there is a sensation very commonly present in the Croton tig. eye cases, as if the eye were drawn backwards by a string or as if the optic nerves were dragging the eyes backwards into the head. This drawing in the back of the eye as with a string is also peculiar to *Paris quadrifolia*, but the conditions are different in *Paris quad.* In headaches from overuse of the eyes in engravers or those doing fine needle work, with much neuralgia of the head, due probably to the overuse of the eyes, when the pains in the eyes are not attended with inflammation, but are more of the type of dull aches and pains that you might call only rheumatic or neuralgic, with this sensation as if the eyes were drawn back into the brain: in these neuralgic cases I use *Paris quad.* But in the inflammatory conditions such as I have described, with the same drawing back as with a string, Croton tig. is the remedy.

Troublesome eczema of the scalp in infants, either purely

vesicular or intermingled more or less with pustules. The vesicles dry up and then desquamate, and now there is a red, raw, inflamed surface, sensitive to touch. After desquamation has pretty nearly finished a new crop of pustules and vesicles come out, and while one place is clearing off another is vesicular, while one spot is desquamating another is vesiculating. This is how it goes on with a chronic eczema. The eruptions are often about the eyes, on the temples, over the face and on top of the head. The appearance is so nearly like *Sepia* that the two very often cannot be distinguished. *Sepia* has the same vesiculation intermingled with pustules, the bleeding and rawness of the surface and the eruption of new crops. *Sepia* is more frequently indicated in this raw and bleeding state of the scalp, in crusta lactea or the eruption of children than *Crot. tig.* Under *Croton tig.* infants in this state very often have attacks of gushing diarrhoea, coming on from the slightest disturbance or indigestion; this is a great help in guiding to the remedy. When the two groups of symptoms are combined, the scalp symptoms and the diarrhoea, you can hardly make a mistake. You will see this also, (I have seen it many times), that if the diarrhoea is at all prolonged the head will steadily improve and you will think your patient is getting well of the scalp trouble, but when the diarrhoea slackens up a little out will come a fresh crop. If the diarrhoea becomes chronic the external eruption will disappear, and if the diarrhoea improves the external eruption gets worse. It seems necessary in such a constitution to have a vent. The mucous membrane is really but the internal skin, and the integument of the body the external skin, and this remedy especially manifests itself upon one or the other of these, the mucous membrane or the integument.

It has another manifestation that you want to carry in mind, a group of symptoms in relation to lactation. After confinement the mother may go on a little while with all things following normally, but all at once she commences to have pains in one or the other mammary glands and in this relation the drawing as with a string comes up again. It feels to her as if a string were attached behind the nipple pulling backward, a sharp, drawing, stinging pain that will in some instances keep her walking the



floor night and day. Though it is but a little thing it is a very important symptom to know with *Crot. tig.*, and it is characteristic of the remedy. We see this drawing, as with a string, in the eye, and in the breast, and also the symptom, very like the *Plumbum* symptom, drawing in the navel upon pressure, somewhat like a string. Associating such things together will enable you to understand them as a part of the nature of the remedy and to keep them in mind. I once cured a woman of this painful drawing from the nipple as with a string. I watched her walk the floor and saw that the suffering must be very intense, for at times it brought tears to her eyes. She had borne it several nights, which shows that *Croton tig.* is capable of curing a pain that is very prolonged or tedious. The breast had been poulticed, hot applications had been put upon it, and they did not give relief, a point which is worth remembering. The whole of this case was somewhat peculiar. The patient had been treated two to three years by me and her psoric symptoms had entirely disappeared, and she was in an excellent state of health. She desired very much to become pregnant and to bear a child. Well, under the antipsoric treatment she did become pregnant and bore a child, whereas for many years she had not been able to do so. But after she became pregnant she took it into her head to visit with a friend the office of a woman physician, and her friend insisted upon her having an examination to see if she was all right. This physician persuaded her that she needed local treatment, and in this way she disappeared from my management. This same woman physician delivered the child. The patient had gone through with a normal labor, had had no trouble, but when the pain in the breast came on the physician was unable to manage it, not knowing the use of *Croton tig.* Although she professed to be a homœopath she poulticed the breast, gave Quinine, Morphine and many medicines, but the pain would not stay away. Finally the husband said, "You had better go back to your old doctor." After her many days of suffering I was hastily called, and in spite of the drugs and hot applications a single dose of *Crot. tig.*, very high, cured, and that pain never returned.

In cholera infantum we will naturally have the symptoms of vomiting, which, however, are not so strikingly related to *Croton*

tig., although it has some vomiting. So in cases of cholera infantum, in which the vomiting is not so important a feature as the loose bowels, the remedy may be *Crot. tig.* A clinical symptom is here reported that was not produced in the proving. "Excessive nausea with vanishing of sight, vertigo, worse after drinking with frequent discharges of yellowish-green water from the bowels;" "excessive nausea, much water in the mouth." So we note the excessive nausea and not so great vomiting. The nausea is more like that of *Ipecac.*, but in *Ipecac.* we have nothing like the stools of *Crot. tig.*, we have only scanty little gushes, every minute a little gush with tremendous tenesmus. Vomiting is the all important symptom in the cholera infantum of *Ipecac.*, and when the stomach is emptied there is overwhelming retching and exhaustion from it, and the stools are scanty; but in *Croton tig.* the stools are copious, and while there is nausea the vomiting is seldom and scanty.

Another feature to be considered in this remedy is its relation to *Rhus*. It is an antidote to *Rhus*. *Croton tig.* is closely related in its vesicular eruption to the *Rhus* family (particularly *Rhus tox.*), *Anacardium*, *Sepia* and *Anagallis*. The eruptions of *Croton tig.* very often select as a location the genital organs. *Rhus* does the same, and when the genital organs are the principal seat of the eruptions in *Rhus* poisoning *Croton tig.* will commonly be its antidote; also when the eruptions are most about the eyes and scalp *Croton tig.* will often furnish an antidote. When the symptoms, however, confine themselves to the palms of the hands *Croton tig.* is not the remedy, but it is *Anagallis*. *Anagallis* does upon the palms of the hands just what *Croton tig.* does upon the genitals. If you examine *Anagallis* you will find that the eruptions will come out and desquamate, and no sooner does the surface look as if it would heal than a new crop comes out. *Rhus* is similar in that it locates upon the palms of the hands, but *Rhus* does not repeat itself upon inflamed surfaces. In the *Croton tig.* eruption there is some burning, but nothing like that of *Rhus*. The *Rhus* burning pain in eruptions that are marked is almost like fire. It is worse from the air, and it is better from dipping the part in water as hot as it is possible to endure it. Persons who have these *Rhus* eruptions talk about scalding their hands to

relieve the itching and burning. So it is with Croton tig., but it is usually so sore he cannot touch it; when the eruption is so mild that he can handle it, we find that the slightest rubbing relieves the itching. In *Rhus* touch aggravates the itching. In bad cases of *Rhus* poisoning he will hold his fingers far apart if they have very large blisters upon them, and he will not touch the place because it establishes a voluptuous itching that nearly drives him wild. Although this is not so with Croton tig., still they are similar enough to each other to be antidotal; they do not have to be exactly alike, but they need to be similar. It is true that remedies that are relieved by scratching are more nearly antidotal to such remedies as are relieved by scratching. The more similar the better, but medicines will antidote each other when they are similar only in general character, and they will cure disease when they are similar in general character. It is also true that medicines while they are not similar in general character may be similar enough in special localities to remove the symptoms in these localities, while the disease will go on. The remedy in this case is not similar enough to cure the disease, but it has removed some of the symptoms. That is the most miserable kind of a prescription, as it changes the manifestations of the disease without changing its nature. In that way a very poor prescriber may hunt around and get one remedy for one group of symptoms and another remedy for another group, and the patient be worse off than before. If the remedies are similar as to their general nature, then the little superficial symptoms are not so extremely important.

“Frequent, corrosive itching on glans and scrotum.” “Vesicular eruption on scrotum and penis.” It is a wonderful remedy for vesicular and pustular eruptions upon the genital organs. It is closely related also to *Petroleum*, which has fine red vesicular and granular elevations, intermingled with a fine red rash upon the genitals, itching intensely, worse at times by scratching until burning comes on and then bleeding which relieves.

SANGUINARIA.

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Blood root is an old domestic remedy. A great many eastern farmers' wives will not go into the winter without blood root in the house. In the cold winter days, when the coryzas come on, a "cold" in the head, throat and chest, then they get the blood root ready and make a tea of it. With them it is routine remedy for "colds." Some will mix it with onions, red pepper, sugar, butter and vinegar, and that does make an awful mess. They give it to combat all complaints, and there is no doubt but that even in this crude form it does break up "colds" because the provings show its relations to chest troubles and "colds" that go to the chest.

By the routinists it has been used for periodic headaches and "colds" in the chest. They sometimes hit it and sometimes miss it.

Periodic headaches, when the headache comes once in seven days; it begins in the morning on waking or wakes the patient up. It begins in the occiput and travels upward and settles over the right eye and in the right temple. It gets worse during the day and is aggravated by light, so that he is driven into a dark room and compelled to lie down. Vomiting comes on and the vomited matter is bile, slime, bitter substance and food taken the day before, and then comes relief of the pain and sleep. If the patient suffers a great deal, when he goes to bed with hot palms and soles, so that he must put them out of bed, this is an additional striking feature.

Take an individual who has missed his chronic headache, by some means, for a considerable length of time, but since then he has become increasingly sensitive to cold, and "colds" settle in the nose, throat and bronchial tubes, and these parts feel as if on fire, with rawness and burning; the expectoration is thick, tenacious mucus; disturbance of the belly, with much belching, and the belching is especially noticed after a violent attack of coughing. This is a more complete aspect of Sanguinaria, and this is about

all that is known to the routine prescriber. But Sanguinaria has a great many other things.

It is not a very long acting remedy; it is medium in its depth of action. When a periodic sick headache is interrupted by Sanguinaria, if a deeper drug, an antipsoric, is not given the headache will return or something worse will come on, as Sanguinaria does not go deeply into the nature of the case. I remember a case in which the patient missed his Sanguinaria headache and an epithelioma developed, which was cured by *Phosphorus*. I am convinced that if *Phosphorus* had been given at the end of the attack the cancer would not have developed, as *Phosphorus* was his basic constitutional remedy. Another state is that if a chronic sick headache is interrupted the patient will tend to phthisis. Chest troubles come on and grow worse and worse. Its ability to palliate phthisis is very well known.

A patient run down with bronchial catarrh; susceptible to cold, to every change in the weather, from change to damp weather, to every draft, to change of clothing; always taking new "cold." There is burning in the chest behind the sternum; the whole trachea burns as if on fire; thick, tough, ropy expectoration; spasmodic cough and every cough ends in belching; eructations of gas; empty eructations. If to the burning in the chest, the severe pains in the larynx and trachea when talking, and cough ending in belching, you add heat in the palms and soles, Sanguinaria will patch him up and mitigate the trouble. Many such cases get *Sulphur*, but to their destruction. There is a class of remedies that suits these phthisical patients better than *Sulphur*, *Silicea* and *Graphites*; remedies such as *Pulsatilla*, *Sanguinaria*, *Senecio gracilis* and *Coccus cacti*, which do patchwork, palliate, mitigate his sufferings, and may even build him up so that he could take a medium potency of a deep remedy. But the deeper remedies ought to be avoided if the vital force is too low, if the body is too much damaged to be repaired. Hahnemann warned against the use of *Phosphorus* in such cases of deficient vitality. Sanguinaria is a surface remedy; it does excellent patchwork.

Catarrhal conditions of nose and throat, especially those due to colds and to poisonous plants like the rose; rose colds. The Sanguinaria patient has "rose colds" in June. Sensitive to flowers

and odors; subjects with hay fever. Hay fever patients with tremendous burning in the nose, in the throat, as if dry; as if the mucous membrane would crack open. Dryness and burning in the larynx, with hoarseness; dryness and burning throughout the chest, with asthma; associated with burning of the palms and soles. Examination shows the palms to be dry, wrinkled and hot to the touch; so, also, with the soles, where the skin is thickened and indurated. Corns that burn; the toes burn, and the patient puts the hands and feet out of bed for relief.

When the headache is present it seems to be a general congestive headache; although beginning in the morning, coming up the back and extending to the right eye, the whole head is hot and aches.

*Sulphur*, *Silicea* and *Sanguinaria* have periodic weekly headaches. *Arsenicum* has a headache every two weeks. Not that these remedies will not cure other headaches, for *Sanguinaria* has also a headache every three days. The majority of headaches coming every two weeks are cured by *Arsenicum* or greatly mitigated in those of broken down constitutions. The attempt to cure a chronic sick headache should be made before the breaking down of the body, the senile decline.

"Pulsations in the head with bitter vomiting; aggravated motion." The headache is generally aggravated by motion, but not so strikingly as in *Bryonia*. When the *Sanguinaria* headache increases towards the afternoon or night, it becomes so severe he must go to bed; and the head becomes sore, and then a step or jar is extremely painful. These things are common; a severe headache is likely to be disturbed by light, noise, motion, etc.

"Headache as if forehead would burst with chill, and burning in stomach." "Headache over right eye." This is a characteristic feature. "Periodic sick headache; begins in the morning, increases during day, lasts till evening; head feels as if it must burst, or as if eyes would be pushed out; throbbing, lancinating pains through brain, worse on the right side, especially in the forehead and vertex; followed by chills, nausea, vomiting of food or bile; must lie down or remain quiet; ameliorated by sleep." Some of these things are not found in every case, but they all go to make up a *Sanguinaria* headache.

All sorts of neuralgic pains; cutting, tearing, lacerating pains; as if the muscles were torn, or put on a stretch. Rending, tearing pains anywhere, neuralgic or rheumatic. Pains about the scalp, but more particularly about the shoulder and neck; stiff neck; can't turn over in bed; cannot raise the arm, though he can swing it back and forth. Pain streaks up the neck; pain in the joint or deltoid. It prefers the right side, but also cures the left side. Rheumatic pains in the right shoulder so that he cannot raise the arm, and all the muscles of the neck and back of the neck become involved; stiff neck; can't turn over in bed. If the pain comes on in the day it increases as the day advances to night. Complaints are worse at night in Sanguinaria.

A patient comes to you after exposure to cold; he cannot raise the arm; it hangs by his side; pain worse at night in bed, worse turning over (as he uses the shoulder muscles to turn over). It is probably in the deltoid but you need not speculate on the tissues involved.

It competes with *Ferrum*. All red-faced, highly flushed people, who can't raise the arm and have pain which is worse in the daytime, not night, and ameliorated by slow motion need *Ferrum*. Sanguinaria is not relieved by motion; it is aggravated by such motion as calls the arm into use. *Ferrum* has relief from slow motion, aggravation from rapid motion and the pain comes in the daytime. While *Ferrum* has a uniformly red, plethoric face, Sanguinaria has a pale face. In the chest complaints Sanguinaria has a circumscribed red spot over the the malar bones, such as is seen in hectic patients.

Headache from stomach disturbances, overeating, rich food, drinking wine. Almost as useful as *Nux* in old drinkers. Those who disorder their stomachs and weaken their digestion by beer drinking; they can't eat; vomiting of even a teaspoonful of water. No food or drink stays on the stomach. Headaches associated with such troubles. Vomiting and diarrhoea with complaints.

Catarrhal affections are prominent. Chronic catarrh of the throat; apparent thickening of the mucous membranes of the throat. Nose and pharynx fill with mucus. He hawks it out; there is a dry burning sensation, but the burning is most marked every time he takes a fresh cold.

Acridity of discharges is another feature. Acrid mucus forms in the nose, causing burning in the throat. Acrid, hot fluids eructated from the stomach, excoriating the throat and mouth. The diarrhoea is accompanied by an acrid watery stool; especially in infants; the nates become raw and red. This burning extends all through the bowels; burning in the abdomen and stomach in old gastric troubles; vomiting of even a teaspoonful of water with burning; old gastric irritation; dyspepsia; all sorts of disorders of the stomach.

Tongue red and burns as if in contact with something hot. Burning in pharynx and oesophagus; burning in roof of mouth. Tonsillitis with burning. "Heat in throat, ameliorated by inspiring cold air; throat so dry it seems as if it would crack." This burning excoriated feeling applies to all the mucous membranes affected.

Patient suddenly taken to bed with a chill; burning in the chest; symptoms of pneumonia; rusty expectoration; violent cough; every cough felt as a concussion at the bifurcation of the trachea; as if a knife were in the parts; as if torn asunder; and after the cough copious, loud, empty eructations. No other remedy has this.

"Nausea with burning at the stomach, with much spitting." Nausea not relieved by vomiting. Keeps on vomiting and retching. Burns as if on fire. *Arsenic* is often given by mistake, because of the great burning.

"Vomiting of bitter water; of sour, acrid fluids; of ingesta; of worms; preceded by anxiety; with headache and burning in stomach; head relieved afterwards; with prostration." Such symptoms occur in headache, disordered stomach, sour stomach. The sour stomach is manifested by sour eructations or sour vomiting. A patient often speaks of "a sour stomach," and you must find out whether he means sour eructations or sour vomiting. He says he "spits up" sour food. You know he can't spit from the stomach and that it is a regurgitation. Such distinctions must be made in order to use the Repertory correctly.

With the headache and many complaints Sanguinaria has a faintness; like a hunger, yet not for food. A sinking, faint, "all gone," empty feeling. It is like *Phosphorus* with its "hungry



headache." *Psorinum* leads all others in "hungry headaches," but *Psorinum* wants to eat and can't get enough. Sanguinaria has a hunger, but it is not for food; aversion at the thought and smell of food. *Psorinum* can eat a wolf meal, and so can *Phosphorus*. It is a false hunger with the headache in Sanguinaria. "Burning in stomach; with headache and chill."

Belching up of acrid hot fluids in asthma; hay asthma. Sanguinaria palliates asthma associated with stomach disorders. Don't forget *Nux* in asthma from stomach troubles.

Liver complaints; pains and aches and sense of fullness. Bilious trouble described in general terms. It seems as if the liver makes an enormous quantity of bile, but there is a gastro-duodenal catarrh, so that the bile is regurgitated into the stomach instead of going down, and it is eructated as bitter, green, yellow fluid; vitiated bile. This is a peculiar thing. If you watch a chronic Sanguinaria patient you will notice that the stomach will be disordered for a week; spitting up bile; much flatulence; sour hot eructations; then all at once this will disappear, and a diarrhoea, which fairly floods him, comes on suddenly; a bilious, liquid, gushing stool (*Natrum sulph*). *Natrum sulph.*, Sanguinaria, *Pulsatilla* and *Lycopodium* cure this alternation of diarrhoea and constipation.

"Os uteri ulcerated; fetid, corrosive leucorrhœa." "Distension of abdomen in the evening and flatulent discharges per vagina, from os uteri, which was constantly open; at same time a pain passing in rays from nape of neck to head."

"Chronic dryness in throat, sensation of swelling in the larynx and expectoration of thick mucus when associated with dryness, rawness, burning and smarting." "Whooping cough; constricted, spasmodic action across throat beneath jaws; cough worse at night with diarrhoea." Cough worse at night with diarrhoea is the feature this remedy is prescribed for. "Severe cough occurring after whooping cough, when patient takes cold, which partakes of the spasmodic nature of whooping cough." An adult takes cold and has a spasmodic cough, like whooping cough. He says it is a stomach cough, because there is gagging with it. In all there is burning and diarrhoea.

"Distressing, dry, spasmodic, exhaustive coughs, especially

in children; worse towards night, lying down, going into a cold room to sleep; feeling of rawness and burning in bronchi." The trachea seems so sore, and it is sore; a bolus of food passing down the œsophagus can be plainly felt; he can outline the part where the food passes.

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## PATHOGENETIC SYMPTOMS.

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### I. AMMONIUM CARBONICUM.

The following symptoms were experienced by a lady physician, who does not wish her name to be divulged. They are too valuable to be lost:

*Proving 1.* Dr. — took one dose of 1 m. (Fincké). From the 15th to the 27th day afterwards she experienced the following symptoms: Uterus feels too large as if prolapsed, very hot and sore; on sitting down feels as if it pushed up in vagina, and caused a tender sore smarting pain; obliged to be very careful how she sits down; cannot ride, as these symptoms are so much worse from motion of carriage; swelling, itching, and burning of pudenda; menses 6 days too soon, blackish, acrid, making thighs sore and burning; violent acrid leucorrhœa, causing soreness; watery, burning leucorrhœa, feels as if it came from uterus, and as it flows down vagina it causes great sexual excitement, making her almost wild, the most intense feeling being in the uterus; sensation as if *os uteri* opened and shut with great force; where most intense, there is severe pressing down of uterus; cannot sit still, constantly moving from place to place; cannot accomplish anything; cannot keep her mind on anything else, the sexual excitement is so great; after the sexual excitement has abated, sleepy during day, has to lie down forenoon and afternoon.

*Proving 2.* The same prover took one dose of 10 m. (Fincké), and from the 12th to the 26th day experienced the following symptoms, which continued to grow more and more intense, until I prescribed one dose of *Lachesis* c.m. (Fincké), which removed them: Great sexual excitement; intense burning and swelling of

both internal and external parts; cannot sit or lie still, it makes her so restless, must walk the floor; clitoris so swollen, it is very painful when walking; eyes look as if starting from sockets; face flushed; lips very red, burn, beat and throb; spasmodic contraction and relaxation of vagina and *os uteri*, constant during the sexual excitement; wild feeling, and angry with herself because she cannot control it; it is a kind of frenzy; trying to hold it back she grips her hands so tight that she makes them bleed from cutting them with her nails; she also bites her lips till they bleed, they are kept sore all the time from it; also grates her teeth at these times, so that they constantly feel sore and bruised; watery discharge seems to come from uterus, increasing to sexual excitement when it flows over the parts; with severe pressing down of uterus, a spasmodic action, can feel it pull on all the ligaments; obliged to wash off the discharge to subdue the sexual excitement, and because it causes smarting and chafing of thighs and labia. While washing it away, if fingers come in contact with inner side of labia it will close down so tight on them that she has almost to tear herself to take fingers away; it acts the same as when the lips are applied to a piece of cold iron; she seems to break the skin of labia in dragging fingers away. Constant quivering and trembling all over the whole body.

These provings verify some clinical symptoms given in Hering's *Guiding Symptoms*. They also verify Fincké's proving of *Lachesis* 41 m., published in *Hahnemannian Monthly* Vol. 1, but omitted in Allen's *Encyclopædia*. Hering says that *Ammon-carb.* is inimical to *Lachesis*; this must mean that they do not follow each other well when given curatively, for certainly *Lachesis* antidoted the pathogenetic effects of *Ammon-carb.* *Borax* has similar symptom (321), "sensation of distension and sticking in clitoris at night." This distended sensation I cured with a high potency of *Borax* thirty years ago.

## II. SYMPTOMS OF COFFEA.

Dudgeon's *Pathogenetic Cyclopædia*, page 308, gives the following symptom of *Coffea*, which I cannot find in Allen's *Encyclopædia*: "Rushing, hammering, and weight in the head, increasing to tearing; feeling of hardness in it as if feeling and hearing

were wanting." This sensation of hardness also belongs to *Glon.* and *Mezer.*

### III. CANNABIS INDICA.

The *Haschisch Eater* contains a large number of symptoms, some of which have been incorporated into the encyclopædia. There is also another book called the *English Haschisch Eater*, published by Redway, of London. The following three pathogenetic symptoms I have copied from a forgotten source; but I think the last two are from *Science Siftings* (not *Texas Siftings*):

(1) Forgets the thought, speech and act of the previous moment.

(2) Delusion that her body is divided in half, the lower half running away; fearing that life would cease unless they were quickly reunited, she pursues her lower half.

(3) Delusion that her toes were leaving her one by one; then her legs, then fingers, arms, lower trunk; and as her head was struggling to escape she woke up from this illusion.

The *Popular Science Review* (New York), Vol. 24, p. 509, contains a proving by Mary C. Hungerford. Among other symptoms I copied the following:

Cannot answer; hears distinctly, but her lips are sealed; nods her head slightly in reply, but it seems to her she has nodded strongly for hours.

Fear of judgment after impending death.

Thinks she has left the body and drops down through space; then rises after a time.

Has a sixth sense, which embraces all the five and goes beyond them. Cannot recollect a text. Remorse for her sins. Thinks she is in hell. Sounds seem distant.

Reference is made by the prover to Cahagnet's *Sanctuaire du Spiritualism*, page 353.

In the *Alienist and Neurologist* (St. Louis), 1898, Vol. 19, p. 304, is a proving by Dr. Robert C. Bicknall, with a reference to other provings in Dr. H. C. Wood's *Therapeutics*. The following are the most important symptoms:

Longer in comprehending what is said to him, quite a perceptible interval elapses (or seems to) before even simple statements are clearly comprehended; answering speech seemed also slower than usual.

His fingers looked to him to be enormously large and long. Speech somewhat confused, words being transposed chiefly; also hesitation in the choice of words.

Muscles of back and neck, particularly those attached to occiput, become contracted tonically and painfully; all along spine the muscles contracted, causing a marked curving of the body backward; the pain and spasm were temporarily relieved by active friction over the muscles.

Sense of a dual existence; while aware that the experiences were his own, yet had the sense that he was witnessing the experiences of another; this increased till at last it was removed only by a violent exercise of will.

While walking out of doors near objects seemed far away, and it seemed darker than it really was.

After lying down sense of fulness in abdominal blood vessels; the abdominal aorta seemed full to utmost distension, extremely painful; with a feeling of fear lest it should burst.

Time seemed greatly prolonged.

The surroundings seemed hazy, not wholly real.

Mr. M. told me that he once took this drug while staying at a friend's house. In the night he felt that he went in spirit to his friend's room and stood at the foot of the bed looking at him, and he knew that his friend saw him also; the next morning his friend related his portion of the scene as a remarkably vivid dream which he had experienced.

## HOW THE IODUMS SHOWED THEIR PATRIOTISM.

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Once upon a time as Uncle Sam was looking over his backyard fence he beheld an irate neighbor unmercifully chastising his child. Being a very humane gentleman himself, he was filled with wrath at the sight, but controlled himself and said gently, "Madam, will you kindly suspend your present method of treatment of that child?" The mother responded that the child was hers and she should treat it as she pleased; thereupon Uncle Sam

told her he would give her ten minutes to walk off and leave that child alone or he would wake up his war eagle and rescue the child. Then the neighbor told him that he was interfering where he had no right and she should never speak nor listen to him again.

Now it so happened that Uncle Sam was president of the western branch of the Society for the Prevention of Cruelty to Children and of the Humane Society, so his interference was work within his own jurisdiction; therefore he spoke to the songbird Peace which had sung his children to sleep for over thirty years and Peace called to her brother, the War Eagle, to come and take her place while she folded her wings and cuddled down to sleep. Then over all Uncle Sam's domain sounded the clarion notes of war.

It so happened that about this time old Grandfather Iodum had been in an unusually melancholy and low-spirited mood, he had been possessed with a fear of evil, he was restless, and awakening shortly after midnight he, being sensitive of hearing, heard the echo of the first war note and comprehended its meaning, it seemed as though his heart had been grasped by an iron hand, he sprang out of bed and he thought he would go crazy, as with trembling limbs he walked the floor. Presently an idea seized him, his thoughts became fired, he had a numerous posterity, his daughters had married into all the influential metallic families of the world. 'Twas true the children of most of them had been content to rest upon the reputation of the greatness of their ancestors, therefore were of such little use in the world that they had no reputation of their own, but Grandfather Iodum knew that they had never had a chance to do much; now was their opportunity to become famous; he would gather them all together and form a brigade and offer their services to Uncle Sam. So grandfather Iodum sent out letters to each branch of his family explaining the project; but out of the twenty-one branches only five responded. The useless branches still remained unheard from, and poor old Grandfather Iodum had to content himself with presenting a regiment instead of a brigade to his country. Those who did respond did nobly. The Merc. iod. rub. branch came first. The father of that branch was a Merc. iod. flav., while the mother

was an Iodum, therefore that branch had more of the Iodum blood in its veins than the others, though in some ways they resembled the Merc. family. Merc. iod. rub. had many sons and one daughter, and he brought them all.

Next came the Merc. iod. flavus branch, then the Ferr. iod., the Ars. iod., and finally the Calc. iod. All brought their wives and sons and daughters, who were old enough to come, except Calc. iod., and he had none to bring.

The wives and daughters sewed red crosses on their sleeves and formed a hospital corps, and the little boys who were large enough to blow a fife or beat a drum formed a fife and drum corps.

Grandfather objected to a physical examination of his men, for, with the exception of the Mercs, it was a skinny crowd, and he was afraid they would be underweight, besides they were rather inclined to weak hearts.

Grandfather Iod. was very thin, and most of his children resembled him in that respect. In spite of their looks they formed, when together, a pretty fair sort of a regiment, and grandfather proudly offered it to Uncle Sam, making only the simple condition that they should always go together and that they should keep their own officers.

Grandfather Iod. brought Grandmother Iod. and appointed her chief cook because he and his sons were so hungry all the time and ate so much he was sure that one without long experience would be unable to prepare proper meals. Ars. iod. didn't care anything about who was cook, for his family were never hungry, though they were always thirsty and wanted plenty of cold water though it did come up immediately. Ferr. iod. agreed with Ars. iod. in respect to eating, for his family was thirsty instead of hungry. The Merc. i. r. were thirsty, but wanted only a little. Merc. iod. flav. family had no desire to eat but was very thirsty, and brought along some lemons so they could have an acid drink occasionally. All decided that they had better camp near a copious spring, as they were such a temperance crowd.

Grandfather Iod. didn't quite like the idea of a drum corps; he was sensitive to noise and it disturbed him, but the rest of the family, being less sensitive, rather liked it and Merc. iod. rub., who was quite hard of hearing owing to a collection of earwax in

his ears, pleaded the cause of the boys, so the corps remained, and as grandfather's sensitiveness soon gave place to dullness of hearing all enjoyed the music of the band.

Grandfather Iodum was a very active man; he could never keep still night or day, so he soon had the regiment organized.

The officers were selected from Merc. iod. flavus family, because they were always at their best during care and anxiety, while the other families were at their worst when studying anything.

Camp drill didn't suit any of the Iodum branches excepting Merc. iod. flavus branch, Grandfather Iod. himself, and his sons. Moving around made all the rest feel bad in some way.

Camping out seemed to affect the different branches differently.

The Ars. iods. seemed to take somewhat after their Grandfather Arsenicum. They were a chilly race and could not endure the cool, sharp weather. The Ferr. iods. were better in the open air or draft. In this respect they were more like the Iodums who are better in the cold, open air. The Merc. iod. rubs. are also brighter in the open air, while the Merc. iod. flavs. are very susceptible to cold, damp weather.

It was well that the hospital corps had been established, for the red cross workers were soon in great demand. In his younger days Grandfather Iodum had been "one of the boys," and now he was receiving the punishment which comes to old syphilitics. He was greatly annoyed by nightly pains in the joints, although there was no swelling; there were pains in the bones of the arm upon which he had lain. Ferr. iod. had also been "one of the boys," and now his rheumatic reward, which was of sycotic origin, made its appearance. He had a bruised, paralyzed feeling in all the limbs with aversion to motion, pains extended from left foot to pelvis in the evening. Ars. iod. had followed in the footsteps of the others, but, like Grandfather Iodum, his rheumatic gout was of syphilitic origin. He had severe pains in the calf of the leg in the afternoon which extended over the whole leg; it disappeared during active motion and returned when at rest, therefore in the afternoon when not on drill he would always be found diligently going through the "setting up" exercises.

Merc. iod. flav. also followed in the footsteps of Grandfather



Iodum. His rheumatic gout demonstrated itself in stiff, sore pains; the limbs felt heavy and sore, there were soreness and lameness in hands and fingers, soreness of bones of face, stiffness of neck, bruised pain over entire scapular region, most of the pains worse at night and better when in motion.

Merc. iod. rub. had rheumatism also, but he was sycotic, and his rheumatism was mostly muscular; it was of the wandering kind, alternating between arms and legs, hands and feet.

The nurses were in great demand, but they knew their business and succeeded in keeping their patients well enough for their work most of the time.

When so many are gathered hastily together the sanitary arrangements cannot always be of the best, and in camp Iodum, although much care had been taken, they were far from being perfect and a little dark-haired, dark-eyed Iodum boy was the first to show the result.

One night the head nurse was startled by the dry, metallic cough of croup; she hurried to the bedside of the little Iodium, thinking she had a case of spasmodic croup, but investigation showed upon the velum palati and tonsils a thick, grayish-white exudation, the tonsils were enlarged and there was much pain in the throat; swallowing was painful, breath very offensive, respiration irregular, short, quick, active motion of the alæ nasi, salivation; the child was grasping his throat. The nurse quickly isolated him, but it was too late, the diphtheria spread until for a time it seemed as though the fife and drum corps would be wholly annihilated.

The Merc. iod. fl. boys were the next to succumb to the dreaded disease. With them the membrane began in little spots on the right side of the throat, but they soon ran together and formed yellow patches, the base of the tongue was covered with a thick, yellow coating, as though covered by a piece of chamois, the tip and the edges were clean and red, there was great thirst for cold water, which was taken in little sips because the throat was so full, warm drinks and empty swallowing caused pain; there was profuse, fetid saliva which made the skin sore; the nose was obstructed with thick, yellow scabs and membrane, worse on the right side; there was much painful hawking of stringy mucus;

œdema of the throat and neck; great prostration; high fever; urine scanty, high colored.

In most of Merc. iod. rub. children the diphtheria began on the left side, the fauces were dark red, the tongue coated thick yellow or there was absence of coating on the base, swallowing was painful, tongue and gums swollen and sensitive and the throat was sensitive to touch.

The Ars. iod. children had a thick membranous deposit covering mouth from fauces to outer edge of lips and the external auditory canal, fetid breath, short, difficult respiration; pulse weak, slow; great prostration; bad odor from patient; diarrhœa on beginning to move in the morning. Only a few of the Ars. iod. children were found in the diphtheria ward.

The nurses had much difficulty in saving the children, and heart failure often threatened, but at last the fife and drum corps was complete again and the squeaking of fife and rolling of drum sounded like the sweetest of music to the ears of the anxious relatives.

Grandfather Iodum knew that tuberculosis was very prevalent in his family, and he ought to have insisted upon a physical examination of every member that joined his regiment instead of objecting to it.

The tents were pitched just before the spring storms, so the hardships of camp life began at once. Grandfather Iod. and several of his own sons came down with pneumonia. They were taken with violent chills followed by high fever, pain in the chest, short anxious breathing; expectoration gluey, rusty, yellow, streaked with blood, difficult. All recovered excepting one of the sons; the nurse sent him home as soon as possible, but it did no good, he became more and more emaciated, his voice became weak and rough, his face pale, cheeks red, there was continual fever remitting only a few hours in the afternoon, profuse night sweats, hunger, expectoration of blood, hæmorrhages, he could not bear the warmth of the room, and phthisis hastened him into the other world.

Merc. iod. rub. had the grippe. He complained of a feeling of soreness in the whole chest, a catching pain under the right breast on deep inspiration, expectoration yellow, profuse.

Merc. iod. fl. only had a loose, rattling cough to show that he had taken cold.

Ars. iod. had inherited phthisis from both sides of the house, so when he was exposed to cold he didn't stop to have grippe or pneumonia first but developed phthisis at once. He first noticed a slight hacking cough, which became more and more frequent and sometimes it became loose; there was a muco-purulent and at times stringy sputa, there was no appetite but he had great thirst for cold water, and like his Grandfather Arsenicum he would vomit it almost as soon as taken. The left half of the chest became flattened, there was dullness on percussion, respiration became rapid, and upon any exertion wheezing became audible. He became asthmatic at night and had to sit up to breathe, the pulse became weak, hæmorrhages appeared and there was great vital prostration. You can readily understand that there was no place for him in camp, so the nurses sent him home, and it was none too soon, for he hardly had strength enough to get there.

You might expect Ferr. iod. to interest his Grandfather Ferrum's hæmorrhagic nature, but he didn't. Ferrum was liable to have a hæmorrhage from almost any place and at almost any time on the slightest provocation, but Ferr. iod. never had an indication of one until he was well gone in consumption.

Ferr. iod. really had consumption before he went to camp, but like Grandfather Ferr. he frequently had a flushed face whereby he deceived himself into thinking that his health was better than really was the case. He convinced himself that camp life would agree with him because he was always better in the open air. In reality he was weak and greatly emaciated, in the evening he complained of chilliness, which was followed by heat and night sweats. The cough which was at first dry later was accompanied by greenish purulent expectoration containing small cheesy particles, there was great oppression of the chest with desire to take a deep breath, but a deep breath caused a feeling of soreness in the chest. He was much troubled with indigestion, he felt stuffed after eating a little food, the heart beat violently with no provocation, it would even awaken him at night. Ferr. iod. should have remained at home.

The hardships of camp life thinned the ranks somewhat by

sickness, still there was a full regiment left, and at last they were ready to be mustered in. Just at this time along came Calc. iod. and enlisted. He was a lazy, indifferent fellow, somewhat resembling his Grandfather Calc. carb. He explained that he had been having an attack of rheumatic gout and he didn't think it much use to enlist when his neck was so stiff in the back that he could not move his head, and his hands and fingers were too numb to hold a gun, and his legs were too tired to walk, besides the bruised, beaten pain he had to endure.

Being at last ready Grandfather Iodum notified Uncle Sam, but in the meanwhile there had been two great naval battles which so affected the children in the home of the irate neighbor that they began a quarrel, all of which so frightened the neighbor that she hastily presented her unruly child to Uncle Sam and hurried home to quiet the rest of her children; therefore, the war was over and Uncle Sam had no use for the regiment prepared for him, so it disbanded and every man, woman and child went home with a proud heart feeling that he had done his best to "fight, bleed and die" for his country.

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"THROUGH fear of being laughed at, a man refrained from doing a certain thing which he believed it to be right and wise to do. Now, when it came to be known that he had so refrained through fear of being laughed at, he was laughed at."

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When a remedy has benefited your patient satisfactorily never on your life change it, but repeat it at proper intervals so long as it can benefit the patient. Do not regard the symptoms that come up. The remedy has actually led up to a change. Don't reason that if you had given a certain other remedy in the beginning you could have cured your patient. The marked symptoms come out as a result of the remedy.

It is a very superficial view to take of Homœopathy to see only that the symptoms correspond.

There are general, common and peculiar symptoms. The general is used in the sense of the general in an army. The generals command all other symptoms and really control the patient.

## DEPARTMENT OF HOMŒOPATHICS.

## LECTURES ON HOMŒOPATHIC PHILOSOPHY.\*

Delivered by PROF. J. T. KENT, at the Post-Graduate School.

## LECTURE XIII.

[Read Organon §§ 21-25.]

In these paragraphs Hahnemann summarizes what he has said before and points out the necessary conclusions. In doing so he proves that the only method of applying medicines profitably in disease is the homœopathic method. We daily see that the antipathic and heteropathic methods have no tendency to permanency in their results. By these means there are effected changes in the economy and changes in the symptoms, but no permanent cure, the tendency being simply to the establishment of another disease, often worse than the first, and without eradicating the first. In this connection we might speak of the giving of morphine and purgatives. The friends of the patient plead with you to stop the pain or to give something to move the bowels for the relief of the patient. You know quite well that the relief from morphine is very transient, but when you are occupying the ground of principle there is the strongest reason why a dose of morphine should never be administered. After giving morphine changes are observed which are really detrimental to the patient. The symptoms are changed and this is always unfortunate. The same objection applies to the giving of chloroform in labor. No woman at the present day is well enough to go through labor without some symptoms calling for a remedy. Hence, if you give chloroform in labor, you put your patient into a state in which she is unable to express the symptoms of her own condition. If, at the close of labor, she was about to give

\* Stenographically reported by Dr. S. Mary Ives.

forth symptoms that would indicate to the intelligent physician what remedy she needed (perhaps to overcome a life-time of suffering) you would be deprived of knowing what the remedy was by this act of foolishness.

§ 26. This depends on the following homœopathic law of nature which was sometimes, indeed, vaguely surmised but not hitherto fully recognized, and to what is due every real cure that has ever taken place:

*A weaker dynamic affection is permanently extinguished in the living organism by a stronger one, if the latter (whilst differing in kind) is very similar to the former in its manifestations.*

In this paragraph Hahnemann distinctly declares that the phenomena of cure depend entirely upon fixed law, the law of similars or the law that governs Homœopathy. After Hahnemann had made a number of provings he gathered together from the literature a great number of reported cures for the purpose of observing whether the cures had been made accidentally or from purpose, and whether they were in accordance with the law of similars or with the principle of dissimilars. In every instance he was able to see that the cures had been made in accordance with the law of similars, viz.: that the drug which cured in each case was capable of producing symptoms similar to those which it cured. This is true in all planes, under all circumstances, and all other apparent cures are not cures but suppressions.

"A dynamic disease in the living economy of man is extinguished in a permanent manner by another that is more powerful when the latter (without being of the same species) bears a strong resemblance to it in its mode of manifesting itself." That sentence seemed to be about the best way of expressing the law in Hahnemann's time. The words "more powerful," or more intense, would afford a natural way of expressing it, but when one has lived in Homœopathy, and has been able to perceive its interior workings, the word "powerful" expresses a different thought. If we follow along the line of potentization we lose the idea of power that is manifest to an uninitiated mind. We enter the world of thought and therein learn of a different kind of power or intensity. When we think naturally of power or intensity the mind is at once carried to the idea of intensity as in an electrical problem in which we increase the intensity by increasing the number of batteries. On the other hand, Hahnemann's

expression leads to the idea of intensity, having qualities more internal, higher, prior, *i. e.*, in the sense of from first to last. The more internal it is the more intense, the more it approaches the first substance, so that intensity as to cause means higher or more internal, higher in the sense of subtleness or fineness. The word "powerful" then contains an interior thought, and that is the only way to bring the mind to realize what is meant. Power is actually from within, and hence we potentize, going higher and higher, in order that we may reach intensity, and it is in this sense that the remedy becomes more powerful by potentization. As a matter of fact when speaking upon the material plane the remedy grows weaker by potentization because the material is actually reduced. It would seem strange to a materialist, to an old school doctor for instance, who has no thought of anything but the giving of great pills, to say that Aconite becomes more powerful by being attenuated. To him it would just be saying that it becomes more powerful the weaker it becomes, and yet it is really so though he cannot see it.

"A dynamic disease is extinguished by another that is more powerful when the latter is similar to it." The first proposition is that it must be similar and then it must be intense enough. The more there is in the interior, the more there is to expect in the exterior. So it is with the light of the sun. It is grander than all other lights because there is more in its interior; it is purer, it is more dynamical and it will turn aside and destroy all other light.

This law of similars is seen prominently in the natural world. We see it from man to man. It is easily illustrated among the insane. It is the secret of mind cure, and there are many instances of mind cure that are based on the law of similars. One example of this is seen in the young girl who has lost her mother or lover and is ill as a consequence, is depressed with grief, is constantly sobbing, and has become melancholy. She sits in a corner, hears nobody, thinks no one can pity her because no one has had just such grief. Let us apply allopathic treatment to her. "Come, there is nothing the matter with you; why don't you brace yourself up; why don't you try to arouse yourself?" But this only throws her into a deeper state of melancholy.

Scolding and harsh treatment do no good. But introduce the homœopathic treatment, employ a nurse if you will who is a good actress and who has gone through the same identical grief, and let her make a big fuss in the other corner. Pretty soon the patient will say, "You seem to have the same grief that I have." "Yes, I have lost a lover." "Well, you can sympathize with me," and the two fall to bellowing and weep it out together. There is a bond of sympathy. Sometimes a curable case of insanity can be reached in this way, and thus we have a mind cure. Hahnemann made use of this plan in curing insanity. When a patient would exert her will, but is unable on account of the physical encumbrances, then the homœopathic remedy will restore order.

§ 27. The curative power of medicines, therefore, depends on their symptoms, similar to the disease but superior to it in strength, so that each individual case of disease is most surely, radically, rapidly and permanently annihilated and removed only by a medicine capable of producing (in the human system) in the most similar and complete manner the totality of its symptoms, which at the same time are stronger than the disease.

Then it is not sufficient merely to give the drug itself regardless of its form. It is not sufficient to give the crude drug, but the plane upon which it is to be given is a question of study. The attenuation also must be similar to the disease cause. In a proving the crude drug may bring forth a mass of symptoms in one prover, but when a person is sick those symptoms will not be touched by the crude drug because the patient does not sustain the similar relation or susceptibility that the one did who proved it.

In paragraph 29, Hahnemann has given an explanation of the law of cure. He himself preludes it by saying that he does not attach much importance to it. You are not in any way bound to consider it, and it is usually omitted in this course.



## DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the Organon.

## CLINICAL CASES.

E. W. BERRIDGE, M. D., London, England.

(1) July 31st, 1888. Mr. L., aged 58, complained, among other symptoms, of the following: For three or four years, cannot evacuate contents of bowels without first wiping with three or four pieces of paper; after which operation the stool passes. I gave him one dose of *Lycopodium* m.m. (F. C.). This symptom improved in ten days, with general relief to the other symptoms; the bowels began to act daily. Then he had dyspepsia from dietetic errors, and took two doses of a high potency of *Nux vomica* without orders. Of course, this interrupted the curative action, and the symptoms returned. On Sept. 13th I gave him one dose of *Lycopodium* c.m. (F. C.); and the stools became much more easy and regular at once. This adds a new clinical symptom to the *Materia Medica*.

(2) May 23d, 1898. Miss W. complained that she was always constipated when at the seaside or in the country. She was just about to visit the seaside. I gave her one dose of *Lycopodium* m.m. (H. S.). In about five weeks she reported that there had been no trouble from constipation while by the sea.

The following are some symptoms of constipation which I have added to Lippe's Repertory from various published records:

Constipation, no desire till there is large accumulation: Alum., Melil. alb.

Stool has to be removed mechanically: Aloes, Calc., Sanicula, Selen., Sepia, Silica.

Constipation, first efforts very painful, compelling to desist: Sulph.

Stool lies in rectum, without urging: Lachesis.

No stool for five or six days; then copious loose stool: *Coralium rub.*

Rectum loaded; fæces will not come away: *Arnica*.

Hard lumps remain long in rectum: *Silica*.

Constipation from twelve to fifteen days, followed by hard round stools size of an olive: *Asterias*.

Constipation of old people: *Alum.*, *Lycop.*

Painful stool in babies: *Veratrum*.

Constipation since puberty: *Lycop.*

Constipation since accouchement: *Lycop.*

Constipation in children, with nocturnal enuresis: *Caust.*

Constipation in corpulent, good-humored women; *Opium*.

Constipation in women: *Sepia*.

Constipation immediately on going to sea: *Bryonia*.

Constipation amel. by drinking: *Capsicum*, *Moschus*.

Constipation amel. by milk: *Iodine*.

Constipation when away from home: *Lycop.*

Constipation when travelling: *Platinum*.

Constipation from riding in carriage: *Ignatia*.

Constipation after mechanical injuries: *Ruta*.

Constipation on voyage, or at seaside: *Aqua marina*.

Stool slips back: *Silic.*, *Sulph.*, *Agnus*, *Eugen*, *Lac. fel.*, *Mur. ac.*, *Sanicula*, *Alum.*, *Alumn*, *Natr. mur.*

(3) A youth of 19 consulted me, in 1884, for the following symptoms: Great flow of yellow pus from urethra; pains in urethra during and after urination, chiefly near the extremity. Sometimes very small clots of blood come out with urine, but a certain amount of diluted blood comes out always afterwards. The entire penis is slightly swollen and the end is a little hard. Swelling of the prepuce, with a movable hard lump in the middle of it. Much yellow pus discharged from the glans penis; prepuce inflamed, and cannot be fully retracted. Urging to urinate, very forcible at first, then a slight stream, then it stops and he feels he wants to pass more. Says he has had these attacks of inflammation at times since boyhood, though never so badly as

now. He denies infection, and thinks it arose from want of cleanliness, as hard matter used to collect there. The hemorrhage is sometimes clotted, like strings of washed out raw beef, half an inch long. The pus seems to come as much from outside of glans penis as from the urethra, if not more. With these symptoms he had the following illusions: First, a feeling of softness of the bed clothes, as if made of cotton-wool, then they began to feel hard and in very large folds, about a foot apart and a foot deep, and feel pressing into him; then he thought he was shouting and kicking the bed clothes about, though he really was not doing so. When endeavoring by force of will to stop these illusions he felt double, like two bodies, one lying still and the other kicking the bed clothes about. In the evening, when sitting leaning back, felt as if he were leaning forward and his head were leaning back; then as this passed off he felt as if he were first leaning to the right and afterwards to the left; at the beginning of this illusion, legs and arms felt about two miles long, as if his feet were away in space; this entire delusion was worse when eyes were closed. *Cannabis sativa* c.m. (Fincke) cured him.

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### CASE FROM PRACTICE.

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JULIA C. LOOS, M. D., H. M., Philadelphia, Pa.

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1895. Miss P. H., æt 24 years.  
 June 5. Tall, slender, sallow face, worn expression, peaked, languid. Had been living always in a N. J. town, near marshes, and has been told by the physician she could not get well remaining in that malarial influence. Came to Philadelphia for a change of climate.  
 Chill on night of 3d, about 9:30, after drinking ice water; has had malarial trouble 4-5 years; chills always come from cold of some kind; often has fever without chill; before chill, vertigo.  
 Wants to be covered during heat.  
 Yesterday (4th), hot and cold by turns, cold and hot sweats; lips parched; thirsty, with heat.

Headache—dizzy ache; standing feels body swaying; neuralgia pains in eyes and all through head on top; burning in forehead.

> cold cloths; > tying up; > vomiting.

Backache—small of back; pain comes and goes, draws round to sides.

> by stool.

Nausea < on standing; vomited yesterday bitter phlegm.

< drinking water, which has no taste.

Ovarian regions—pain continued from back; used to have this 2 years ago; treated then for "womb trouble;" had much backache; operation at that time for dysmenorrhœa, enlarging neck of uterus.

Menses regular (last on May 14th); used to come every three weeks and last one week, 4-5 days flow, profuse or scant, dark when profuse, light when scant.

Before, aching in limbs at times.

Throat sore yesterday, felt as tho' clutched.

> clearing throat of phlegm, yellow, bitter, nauseating.

Slept 11 A. M. to 3 P. M., cried self to sleep; woke often only for a moment, has been quite restless and sleepless at home tossing about.

Constipation; no stool yesterday, loose, soft this morning.

Nausea with stool, as tho' would vomit, but did not.

> by stool.

Before, cramping through bowels; during, cramping at anus; tenesmus.

"Hives" occasionally come out on skin.

Exhausted, feels as tho' couldn't move; looks as tho' been sick long time.

*Ars.* gom., 1 dose and powders to put in water.

June 6. Headache dizzy, on rising, aches every little while.

Ovarian pain >.

Stomach weakness; feels pulse beat; > after eating.

Throat feels all right.

Slept well, still tired.

Limbs from knees down feel heavy and swollen.

Usually in bed 2-3 days with these spells, and takes 2-3 days to get around to do anything. Up and about to-day.

- June 9. Limbs feel swollen up above calves.  
> on 7th than yesterday.  
Hoarse all day yesterday < in morning, sensation immovable lump in throat at night.  
Bowels regular; diarrhœa from taking cold.  
Pain in abdomen woke her about 5 A. M.; always has this from taking cold past few years.  
Urine reddish; sediment yellow, adherent.  
Hot flashes yesterday afternoon; head dizzy.  
Wakeful.  
Mouth feels parched.
- June 16. Throat sore, l. side.  
Abdomen; pain as before, all through upper part < on growing cool.  
Feverish on 14th, began late in afternoon; lips parched; heat all through, ate ice cream, had cramps later in night.  
Limbs tired, aching, after sitting long, can't put them in any position with comfort; this comes on toward evening.  
Nasal coryza, 2-3 handkerchiefs a day, difficult to clear nostrils. Has continued so for two months past; nostrils quite sore a month ago, discharge green, offensive.  
< morning, > out-doors.  
Eyes feel weak. Glasses prescribed for near work; has broken them.  
Appetite good. Can't eat enough, gets hungry by 11 A. M., weak by lunch time and wants to eat; hungry before going to bed.  
> in mornings, past week; tired in evenings, > lying down, < every other day.
- June 30. Chest, piercing pains several times in l. side, to-day in right side.  
Felt real good for few days after last report.

Wet in rain one day, eyes bloodshot and blurred for two days after, on waking in morning.

Headache past two days.

Diarrhœa yesterday, began in afternoon.

Pain before, < during > after stool; cutting in rectum during > pressure; desired to be covered.

Nausea, before and during.

Stool smaller each time, tenesmus with first; offensive with flatus.

Menses last evening, flow scant, light color.

Feverish to-day in afternoon, inward heat with trembling.

July 7. Nervous—jerking through body.

Sleeps with mouth open. Drowsy, can hardly keep eyes open.

R. arm, numb, on waking, must take other hand to move it. Some numbness in limbs at times. (O. S. returned.)

Restless when sitting and at night.

Menses lasted five days, unusually profuse flow, color light, slight odor, pain from ovarian region to shins, < below knee; after flow came.

Bowels, tendency to diarrhœa.

Old symptoms < past week. Feels and looks draggy, dark circle about eyes.

*Arsen. alb.* 90m.

July 21. Returned home on 11th. Better last week than for a long while.

Coryza suddenly disappeared, no discharge.

Bowels regular; no abdominal pain for several days, diarrhœa continued several days, with pain in bowels, < morning.

"Hives," covered with them. Like water blisters on chest. White head forms, then it dries off leaving a red mark.

Itching, < rubbing and scratching.

Chill threatened on 7th did not come.

Aug. 7. Weekly reports show improvement.

Menses on 28 with cramping pain.

Hives < than ever. Itching > salt water, < night.

Skin covered with blisters at one time, which disappear after.

Diarrhœa continued since 28th, begins 5, 6 A. M.

Before stool, heat, rumbling and gurgling in bowels, nausea if delays.

After, fatigued, tenesmus, sense of not having finished stool; profuse, sickening odor 5 times or more a day.

Pain less now than formerly.

Several years ago had much diarrhœa which never lasted so long. Used Jamaica ginger to check it.

Aug. 21. Diarrhœa, none since 10th.

< last week, not so well this week. Threatened chill and other symptoms.

Eyes examined, oculist reports "spots on retina due to kidney or womb trouble," and advised urinalysis which was sent with report.

Eyes were troublesome when had uterine treatment.

Glasses for strabismus.

Urinalysis, "earthy phosphates" much increased. Few alkaline casts, not with epithelium.

*Ars. alb.* 90m.

Oct. 6. Continued improvement shown in weekly reports.

Menses Aug. 25, and Sept.; headache and sleeplessness preceding, nausea and distension one day before.

Diarrhœa one week, during menstruation and past week "from cold."

Hives troublesome, come and go suddenly.

Awakened often about or after midnight with nausea and pain in abdomen and chest; bloated empty feeling; dragging pain from throat to abdomen.

Profuse perspiration with it.

Cough comes after these spells of oppression at night.

Dry cough, deep in chest.

< during warm weather.

> this summer than previously, able to do more, used to be unable to make any exertion in summer.

Gained seven pounds since returned home in July.

Face fuller and skin clearer, cleaner.

Cheeks redden and grow hot every afternoon from dinner to bed time.

Nov. 3. Menses on 19th, sleepless before, headache, nervousness, dizziness.

Nervous past two weeks. Nervous chills when robberies mentioned.

Cannot lie still at night.

Pressing pain in cardiac region, with numbness.

Numbness of body at night, of limbs when sitting in daytime.

Headache occasionally.

*Ars. alb.* 9om. Melancholy, dissatisfied, cross, inclined to cry with no reason.

Dec. 12. Reported week after last date as best one yet. Worked harder than for a year.

Menses in Nov. with cramping pain, not sleepless.

Throat, eyes, bowels; no trouble, no cough.

Heart catching pain a little at times.

Chill, no suggestion of one since last reported.

Flushes, suddenly hot all over, as though she would faint; first time in church on first, frequently since, though less often of late, in evenings.

Hot internally, warm quite a while after.

Sweating with it at times.

< indoors.

Cold usually, does not grow warm easily in mornings; cold outdoors, even when well-wrapped.

> Keeping quiet.

Sleep broken—lies awake long when she wakes.

Tired in morning, until around house some time.

Thirst little; craves acids past few days; wants warm foods; fond of sweets; eats no fat meat.

Skin has been dark or yellow; past month becoming



white in patches; looks as though poorly powdered; white spots increasing in size; skin growing clear and white; hives occasionally troublesome, tho' swollen.

1896.

**February 4.** Menses last two periods accompanied by poor sleep and headache; last period last week; legs swollen; difficult to fasten shoes.

Restless spell again.

Felt well until a week ago, in midst of much social dissipation.

Body feels filled with gas; lower abdomen "begins to work" on lying down (O. S.); lies on face.

Diarrhœa 18th-28th; stools bloody 2 days; regular stools now.

*Ars. alb.* 90m.

Weight 142 lbs.; last summer, weight 128 lbs.

**February 24.** Feeling quite well past two weeks.

Face—white spots disappeared; complexion clear and light, occasionally yellow or spotted.

1897.

**January 23.** Felt quite good until November; thought she was simply tired from overwork, but does not feel rested.

"The less I do the worse I feel."

Irritable, melancholy, apprehensive.

Headache nearly every day; hair falling out.

Limbs swell, with menses, since November.

Other old symptoms.

*Ars. alb.* 90m.

**April 12-13.** Improved at once after last date, though more slowly than before, and improvement not permanent; changeable; better at times, then worse.

*Ars. alb. D. M.*

**October.** Feeling very well; no medicine since last spring.

First summer after her return home (1 year after beginning treatment) she took long bicycle rides without any bad effects. She called on a friend in her own town a few months after returning home, and so changed was she in appearance that her friend did not

recognize her. A few points are of particular interest. Although ordered from home where malaria first developed, she returned to the locality after a few months, and the curative process continued in the midst of unfavorable atmospheres, so that the chills ceased to return. There are several glimpses suggestive of *Sulphur* in the record, and *Sulphur* is naturally a follower of *Arsenic*, but the prompt relief from high potencies of *Arsenic* and the frequent return of mental symptoms similar to that remedy were sufficient warrant for continuing its use, and the result proved wholly gratifying.

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#### VETERINARY MEDICINE.

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LINNÆUS A. SMITH, M. D., Kingston, Jamaica, B. W. I.

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FOWLS WITH GAPS.—Eyes inflamed; gasping for breath; make a squeaking noise; droop; no appetite. I gave *Spongia* 30. Cured the entire flock.

POISONED WOUND—LEDUM.—My horse rolled on a rusty quoit pin, causing a gash two inches long, two inches deep, between the fore-legs, nearer right leg. First day kept it clean; no medicine; he became very lame; wound swollen; shoulder stiff; under skin a sound as if full of air; *very* sore to touch; part swollen. Bathed with water and sour orange. Gave *Ledum* morning and evening; began to improve; gave no medicine; bathed with soft water. Well in a week.

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#### PERSONALS.

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Dr. John Storer has removed from Jamaica Plain, Mass., to 809 Columbus Memorial Building, Chicago, Ill.

## Directory of Homœopathic Physicians.

---

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## DEPARTMENT OF MATERIA MEDICA.

### KALI CARBONICUM.

Lecture delivered by PROF. J. T. KENT, at the Post-Graduate School.\*

The typical Kali carb. patient is a hard patient to study, and the remedy itself is a hard one to study.

It is not used as often as it should be, and the reason is that it is a very odd and confusing remedy. It has a great many opposite symptoms, changing symptoms, and thus it is related to patients that withhold their symptoms and have many vague symptoms:

The patient is whimsical, irascible, *irritable to the very highest degree*, quarrels with his family and with his bread and butter. He never wants to be alone, is *full of fear* and imaginations when alone, "fear of the future, fear of death, fear of ghosts." If compelled to remain alone in the house he is wakeful, sleepless, or his sleep is full of horrible dreams. He is never at peace, is full of imaginations and fear. "What if the house should burn up!" "What if I should do this or that!" and "What if this and the other thing should happen!"

He is over-sensitive to almost everything, *sensitive to every atmospheric change*; he can never get the room at just exactly the right temperature; he is very sensitive to every draft of air and to the circulation of air in the room. He cannot have the win-

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\*Stenographically reported by Dr. S. Mary Ives.

dows open, even in a distant part of the house. He will get up at night in bed and look around to see where that draft of air comes from. His complaints are worse in damp, wet weather, and in cold weather. He is *sensitive to the cold* and is always shivering. His nerves feel the cold; they are all painful when it is cold. The neuralgias shoot here and there and everywhere when it is cold, and if the part affected be kept warm the pain goes to some other place. All his pains change place and go into the cold part; if he covers up one part, the pain goes to the part uncovered.

This remedy is full of sticking, burning, tearing pains, and these fly around from place to place. Of course Kali carb. has pains that remain in one place, but usually *the pains fly around* in every direction. Pains cutting like knives at times. Pains like hot needles, sticking, stinging and burning. These pains are felt in internal parts and dry passages. Burning in the anus and rectum, described as if a red hot poker were forced into that passage; burning as with fire. The hemorrhoids burn as with coals of fire. The burning of Kali carb. is like that of *Arsenicum*.

You will see again from studying the text that it is a common feature of this medicine to have its symptoms come on at *2, 3 or 5 o'clock in the morning*. In Kali carb. the cough will come or have its greatest < at three or four or five o'clock in the morning. The febrile state will occur from 3-5 in the morning. The patient, who is subject to asthmatic dyspnoea, will have an attack at 3 o'clock in the morning, waking him up out of sleep. He will wake up with various symptoms and remain awake until 5 o'clock in the morning, and after that to a great extent they are relieved. Of course there are plenty of sufferings at any time in the twenty-four hours but this is the worst time. He wakes up at 3 o'clock in the morning with fear, fear of death, fear of the future, worries about every conceivable thing and is kept awake for 2-3 hours and then goes to sleep and sleeps soundly.

His body is cold and requires a good deal of clothing to keep it warm, but in spite of the fact that he is cold he sweats copiously; *copious, cold sweat* upon the body. Sweats upon the slightest exertion, sweats upon the part where the pain is, sweats over the forehead; cold sweat on the forehead with headache.

Neuralgia of the scalp and the eyes and the cheek bones in association with the nervous shooting pains. Violent pains here and there in the head, as if the head would be crushed. Cutting and stabbing in the head. Violent congestive headaches as if the head were full. Head hot on one side and cold on the other; forehead covered with cold sweat.

It has *catarrhal congestive headaches*. Whenever he goes out in the cold air, the nose opens up and the mucous membranes become dry and burn; when he returns into a warm room the nose commences to discharge a little, and the nose stuffs up so that he cannot breathe through the nose, and then he feels most comfortable; so that it has stuffing up of the nose in a warm room, and opening up of the nose in the open air. When the nose is open so that he can breathe through it, that is the time the head is most painful; it is painful to the cold air and the cold air makes it burn like fire. The cold air feels hot. All these patients suffer from a chronic catarrh and when they ride in the wind the catarrhal discharge ceases and then will come on a headache, and thus he has headache from riding in the cold wind. Whenever the discharge ceases from taking cold in a draft on comes a headache, and as the discharge becomes free again the headache is relieved. Neuralgic pains come about the eyes and in the scalp and about the cheek bones from a cessation of chronic catarrhal discharges, and when the discharge starts up again, these pains cease.

With the chronic catarrh of the nose there is a *thick, fluent, yellow discharge*; dryness of the nose, alternating with stuffing up, as I have described. The one who suffers from a chronic catarrh will also have the discharge in the morning, which will fill up the nose with quantities of yellow mucus. In the morning he blows out and hawks up dry, hard crusts that fill up the nasal passage, clear over into the pharynx and down into the throat. These crusts become dry as if they were partly formed upon the mucous membrane and when they are blown out there is bleeding. The bleeding starts from where the crusts are lifted up.

He is subject to sore throat, is always taking cold, and it settles in the throat. He is also subject to enlarged tonsils and with

these he has enlargement and chronic hardness of the parotid glands—one or both. Great knots below the ear, behind the jaw. These grow and become hard, and at times painful; shooting, darting pains when he is moving about in the open air. When air strikes these enlarged glands they are sore and painful, and he is ameliorated by going into a warm place. The acute colds extend into the chest, but Kali carb. has been found most suitable in the chronic catarrh of the chest, chronic bronchitis.

The *chest* is very often affected in just the same way as the nose. There is the dryness and dry barking, hacking cough in cold air, but a copious expectoration of mucus when he becomes warm, and that is the time he is most comfortable, for the expectoration seems to relieve him. He suffers mostly from a dry, hacking cough with morning expectoration. The cough begins with a dry, hacking, increases gradually and sometimes very rapidly to a violent, hacking spasmodic cough with gagging or vomiting, and when coughing it feels as if his head would fly to pieces. The face becomes puffed, the eyes seem to protrude and then there is seen that which is commonly present in Kali carb., a peculiar sort of a *swelling between the eyelids and eyebrows* that fills up when coughing. Your attention is called to that peculiar feature, for although there may be bloating nowhere else upon the face that little bagging will appear above the lid and below the eyebrow. It fills up sometimes to the extent of a little water bag. Such a swelling has been produced only by Kali carb., and sometimes that symptom alone guides to the examination of the remedy for the purpose of ascertaining if Kali carb. does not fit all the rest of the case. Boenninghausen speaks of an epidemic of whooping cough in which the majority of cases called for Kali carb., and this striking feature was present. No remedy should ever be given on one symptom. If you are led to a remedy by a peculiar symptom, study the remedy and the disease thoroughly to ascertain if the two are similar enough to each other to expect a cure. Any deviation from that rule is ruinous and will lead to the practice of giving medicines on single symptoms.

Dry, hacking, incessant, gagging cough with whooping, blowing of blood from the nose, vomiting of everything in the stomach, and expectoration of blood streaked mucus, is a whoop-



ing cough that will be commonly cured by Kali carb., but especially if there is present that peculiar and striking feature of a bag-like swelling below the eyebrow and above the lids, puffiness of the eyes.

There are some cases of pneumonia that need Kali carb. in the *stage of hepatization* (like *Sulph*). Again, when pneumonia has passed away think of Kali carb. if every time the patient takes a little cold it settles in the chest with these symptoms that I have described. There is sensitiveness of the body to weather changes, to cold air and to wet, a continuous dry, hacking cough, with gagging, the aggravation from 3 to 5 in the morning, and the patient has flying neuralgic pains. These symptoms gradually increase and the patient dates them back to his pneumonia. He says: "Doctor, I have never been quite well since I had pneumonia." The catarrhal state has settled in his chest and there is a chronic tendency to take cold. These cases are threatening to go into phthisis and will hardly be likely to recover without Kali carb. In this tendency for catarrhal states to locate in the chest, Kali carb. should be thought of amongst the most prominent remedies; not as often as *Phosphor.*, *Lycopod.* and *Sulphur*, but it comes in for its share.

Another general state that belongs to this remedy is a tendency to *dropsies*. It has dropsies all over the body. The feet bloat and the fingers puff; the back of the hands pit upon pressure, the face looks puffy and waxy. The heart is weak. I can look back upon quite a number of cases of fatty degeneration of the heart in which I could have prevented all the trouble with Kali carb. if I had known the case better in the beginning. These cases are insidious, and the indications calling for Kali carb. must be seen early or the patient will advance into an incurable condition. That peculiar state of weakness and feeble circulation that finally ends in dropsy and many other complications have their likeness in Kali carb. There is an insidiousness about Kali carb. in the approach of all of its complaints. He has a sort of nondescript appearance, he is withered, has much dyspnœa upon going up hill or even walking on the level. Examination of the lungs shows them to be in very fair condition, but finally complications come on, there is a break down and organic changes and you look

back over these cases and say, if I had only seen in the beginning of this case what I see now it seems as if the patient ought to have been cured. We learn the beginnings of remedies as we learn the beginnings of sicknesses. It is a prudent thing for a homœopathic physician to glance back over a case that he has failed on, or someone else has failed on, to study its beginnings and see what the manifestations were. This kind of study to the homœopathic physician is as delightful as post mortems are to the old school.

The *teeth* present a peculiar state. The gums take on a scorbutic or scrofulous character. The gums separate from the teeth and the teeth decay and become discolored and loose, so that they have to be extracted early in life. He suffers from pain in the teeth whenever he takes cold from riding in the wind and raw weather. The pains come on even when the teeth are not yellow or decayed; stitching, tearing, rending pains in the teeth. Offensive smell from the teeth; pus oozes out from around the teeth. The mouth is full of little ulcers, little aphthous patches. The mucous membrane is pale and ulcerates easily. The tongue is white with offensive taste; coated gray with sick headaches.

While many of the symptoms of Kali carb. are aggravated after eating, some symptoms are relieved after eating. There is throbbing in the pit of the stomach when the stomach is empty. There is also throbbing all over the body, pulsation to the fingers and toes; there is no part that does not pulsate, and he is kept awake by this pulsation. Pulsation even when there is often no feeling of palpitation in the region of the heart. It has also violent palpitation of the heart.

Kali carb. fits a great many *old dyspeptics*. After eating he feels as if he would burst, so bloated is he. Great flatulence; belches wind upwards and passes flatus downwards; offensive flatus. The belching up is also attended with fluid eructations, sour fluids that set the teeth on edge; they excoriate, or cause smarting in the pharynx or mouth. Pain in the stomach after eating; burning in the stomach after eating. Gone feeling in the stomach, that is not even relieved by eating. A peculiar condition in Kali carb. is a state of *anxiety felt in the stomach*, as

though it were a fear. One of the first patients I ever had expressed it in a better way than is expressed in the books; she said, "Doctor, somehow or other I don't have a fear like other people do, because I have it in my stomach." She said when she was frightened, it always struck to her stomach. "If a door slams, I feel it right here" (epigastric region). Well, that is striking, that is peculiar. It was not long before I developed another feature of Kali carb. By a little awkwardness on my part my knee happened to hit the patient's foot as it projected a little over the edge of the bed, and the patient said, "Oh!" Sure enough that was Kali carb. again, for you will find in Kali carb. a patient that is afraid and everything goes to the stomach and when touched upon the skin there is an anxiety or fear or apprehension felt in the region of the stomach. You might imagine that it is connected with the solar plexus, but the *symptom* is the all in all to the physician. A Kali carb. patient is so *sensitive in the soles* of the feet that the mere touch of the sheet brings a sensation of thrill throughout the whole body. Hard pressure is all right, it does not disturb, but something that comes unawares excites. The Kali carb. patient is over-sensitive to all the surrounding things, oversensitive to touch: shivering from the simplest and lightest touch, even when hard pressure is agreeable. Violently ticklish in the soles of the feet. I have often examined the feet when a patient would shiver and draw up the feet and scream out, "Don't tickle my feet." I had probably touched it so lightly that I did not know that I had touched it at all. In *Lach.* also gentle touch is painful, while hard pressure is agreeable, but here it is not so much the ticklishness. In *Lach.* the abdomen is so sensitive that the touch of the sheet is painful. I have seen *Lach.* patients in bed using a hoop to keep a light sheet from touching the abdomen. You may know then that you are in the realm of *Lachesis*, and that it is like those persons who are unable to bear the slightest touch upon the neck and suffer from uneasiness on wearing a collar. All that, however, is different from this state of ticklishness. I have some patients who are really so sensitive in the skin that I would not dare touch it, unless they knew just where I was going to touch. "Now I am going to feel your pulse, hold still." If I were to touch the

hand, or reach out to feel the pulse without warning, there would be a thrill. Such a state is in keeping with Kali carb. These things often have to be dug out by observation in studying the nature of these provings, and associating things. These things that run into the over-sensitiveness of patients are of great value clinically. The capabilities of our Materia Medica are something wonderful, but they could be developed much more rapidly if a number of homœopathic physicians would make application of the Materia Medica with accuracy and intelligence, observing what they see and relating it literally. At the present day there is only a very small number of homœopathic physicians that can come together in a body and say things that are worth listening to, a shamefully small number when we consider the length of time Hahnemann's books have been before the world.

There are many old chronic *liver subjects* who talk about nothing else but the liver. Every time they go to the doctor's office they talk about the liver, and about a condition of fullness in the region of the liver and pain through the right shoulder blade and up through the right side of the chest, with a good deal of oppression and distension; vomiting of bile and a good deal of stomach disorder, fullness after eating; attacks of diarrhœa, alternating with constipation lasting for many days and with great straining to stool. Periodical bilious attacks, when a constipated state is present; cannot lie down at night; difficult breathing at night or at 3 o'clock in the morning, especially when it is in a patient over-sensitive to cold, damp weather, one who wants to sit by the fire all the time. These liver subjects are often thoroughly cured by Kali carb. Sometimes they have been resorting to all sorts of liver tappings, taking such medicines as purge or cause vomiting; drugs that really aggravate the trouble. Kali carb. goes to the bottom of these cases, and roots out the evil.

In the abdomen we have a good many Kali carb. symptoms. Persons subject to repeated attacks of *colic*, cutting pains, with distension, with pain after eating, constipation or diarrhœa. Colic, with cutting, rending, tearing pains, doubling him up, coming on every little while. Tremendous flatulence. When the attack of colic is on it might remind you of *Colocynth* or of

some other of the acute remedies that cure colic in 2 or 3 minutes, but you will find that these acute remedies that relieve colic so speedily when given the second or third time do not produce so marked an effect. You will find it necessary to hunt for an antispasmodic, a remedy that will control the whole nature of the case. In the study of the colic alone during its acute attack you only get a one-sided view of the case, and after the colic is over (say he has been cured by *Colocynthis*) you now study the patient and go over the case, and behold all the symptoms are covered by Kali carb. After giving that remedy you may expect that the patient will not have another attack. Such is the nature of Kali carb. It is a deep-acting, long-acting, powerful antispasmodic, goes deep into the life. It cures conditions due to psora, or to the suppression of eruptions in childhood, or to the closing up of old ulcers and fistulous openings with a history of troubles ever since. All these wandering pains and the chilliness are again relieved by eruptions, by the outbreak of discharges, by hæmorrhages, by ulcers that eat in deep and flow freely and fistulous openings.

“Cutting in abdomen, as if torn to pieces,” “Violent cutting, must sit bent over pressing with both hands, or lean far back for relief; cannot sit upright.” “Cutting and drawing like false labor pains.” There is great coldness with the pains, with the cutting in the abdomen; he wants heat, something very warm; hot drinks, hot water bags. A chronic coldness is felt in the abdomen, cold externally and cold internally. It would sometimes be cruel to give a dose of Kali carb. when the colic is on, because if the remedy fitted the case constitutionally, if all the symptoms of the case were those of Kali carb., you would be likely to get an aggravation that would be unnecessary. There are plenty of short acting remedies that would relieve the pain speedily, and at the close of the attack the constitutional remedy could then be given. If the patient can bear the pain to the end, it is better to wait until it passes off without any medicine. That sometimes is too cruel, and then the short acting medicines should be given. All recurrent troubles, those that come periodically, or after eating certain articles, or from exposure, or with a periodicity that belongs to time—all these states

are chronic; they are not acute troubles. They are simply a small portion of a chronic miasm, a side view, and all such cases must have a constitutional remedy sooner or later. You can, it is true, relieve violent pain at the first visit to your patient, but then you must go at it and prevent your patient having more trouble. Otherwise, if you should give *Bell.* or *Colocynth* or any medicine that simply fits the colic the trouble will come back again: you have not cured your patient; you have only palliated. But, on the other hand, you take such a colic as is described here and Kali carb. fits just these symptoms alone and does not fit the whole constitution of the patient. Then it is that a constitutional and long acting remedy like Kali carb. acts like lightning. It does not take the usual long time to act and is not attended with an aggravation.

“Abdominal muscles painful to touch; swelling of glands.” In the abdomen, also, following troubles in the bowels, or following peritonitis, we have effusion into the peritoneal sac, abdominal dropsy which is usually associated with dropsy of the extremities, but not always. In liver dropsies especially is this remedy useful.

It has a great many complaints of the rectum and anus and of the stool. It has most persistent and enormous *hæmorrhoidal tumors* that burn like coals of fire, that are extremely sensitive to touch, that bleed copiously, that are extremely painful, making it impossible for him to sleep. He is compelled to lie upon the back and hold the nates apart, because the pressure is very painful to the external piles. The piles cannot be put back; there is great distension and swelling inside. Hæmorrhoids that come out after stool and bleed copiously and are very painful; they must be pushed back, and long after going to bed they burn like fire. There is great aggravation from stool, which is hard and knotty and requires great straining to expel. Hæmorrhoidal fistulæ, fistulæ of the anus. He feels as if a red hot poker were being thrust up the rectum, temporarily relieved by sitting in cold water.

It has *chronic diarrhœa* and also diarrhœa alternating with constipation. See what a variety in the kinds of stool. Many times where there are numerous particulars, we have to rely

upon the generals that are characteristic of the remedy. The text gives much less of diarrhoea than has been developed by clinical uses. "Diarrhoea painless with rumbling in the abdomen and burning at stool, only by day, chronic cases with puffiness under the eyebrows." That relates to the chronic state that I said was so characteristic of the remedy. It gives few symptoms, but it is a large and extensive remedy in diarrhoeas that are chronic. In old, broken down subjects, in weakly, pallid subjects, with poor digestion, with great flatulence, with much distension, with disordered liver.

Then the kidney and the bladder and the urethra come in for their share of trouble, which is of a catarrhal nature. Discharges from the bladder, purulent discharges or a thick, tenacious, copious mucus deposited in the urine. In keeping with this there is much burning; burning in the urethra, during and after micturition. "Urine flows slowly with soreness and burning." Kali carb. runs very closely to *Natr. mur.* in a great many of its old, long standing bladder troubles. In old cases of gleet and long standing cases of urinary troubles that follow gonorrhoea these two medicines are useful, both suitable in the scanty, white, gleety discharge that remains. In both, the urination is painful. In *Nat. mur.* the burning is *after urination*. When there is scanty, gleety discharge and the burning is very marked and only *after* urination, and the patient is extremely nervous and fidgety, *Natrum mur.* will cure in almost every case. If the burning is *during and after* urination and you have the broken down constitution we have described then the remedy is Kali carb. Some of these old cases are entirely painless, having no pain either during or after micturition. Then you get an entirely different class of remedies. The old chronic discharges following a gonorrhoea are as troublesome for the young doctor as anything that will ever fall into his hands. The remedies are numerous, the symptoms are scanty and many times the patient has not been under the doctor's care, so that he does not know the patient's constitutional state well and the patient can only tell him of the discharge. "Nothing but the discharge, doctor." You cannot get his mind on his symptoms; he has forgotten that he wakes at 3 o'clock in the morning and cannot get to sleep until 5 o'clock, he

has forgotten all the nervous manifestations. With the patient you have had under control, whose constitutional state you get before this condition comes, you ought not to have much difficulty.

One of the evidences that the Kali carb. patient is of a weakly constitution and is on the road to a break down is that all of his symptoms are aroused and brought into action after coition, after sexual excitement. Now you will take notice in practice and remember it, that coition is a natural thing with man, when it is carried on in order, and when that which is natural is followed by prostration, and this has been so for a long time, there is a break in the constitution, there is something radically wrong. All the symptoms are likely to be *worse after coition* in Kali carb. He has weak vision, weakness of the senses, tremulousness, and is generally nervous; he is sleepless, and weak, and he shivers and trembles for a day or two after coition. Similar symptoms are observed in the woman. In spite of the fact that he is weak, the sexual desire is excessive. It is not orderly. There is a sexual erethism, which is not under the command of the will, and in the male he is subject to copious and frequent pollutions, nightly dreams, sexual prostration. Young men who have abused themselves, or who have indulged excessively in sexual pleasure, go into marriage with weakened genitals, incapacitated; and then there comes a disgust, and it is not strange that there are a great many divorces in the world. When the patient is young, some of this trouble can be overcome by living an orderly life and correct homœopathy.

In Kali carb. there are all sorts of complaints affecting the male genital organs; uneasiness and sensitiveness of the testicles. One is in a state of swelling and hardness. Itching and smarting and annoying sensations in the scrotum and sensations that constantly remind the patient that he has genital organs. Constant irritation calling his attention to the genitals, brought on from abuse, from vice, from excesses. *Phosphorus* is a medicine that is abused in this sphere. Many physicians look upon it as one of the great remedies for the weakness of the genital organs. Now you must be careful about giving *Phos.*, it will overdo the matter and will very often damage where Kali carb. would do the very opposite. In *Phos.* the genital indications are extreme ex-



citement, too active erections, a disorderly strength of the genital organs. Beware of giving it in impotency or in weakness, as this is often associated with very feeble constitutions, and *Phos.* not only fails to cure, but seems to add to the weakness. It is a weakness that you will learn is a vital weakness. *Phos.* will set patients to running down more rapidly who are suffering from a vital weakness, who are always tired, simply weak, always prostrated and want to go to bed.

The female has a great friend in Kali carb. It is full of her complaints and has everything that it is possible to find in a sick woman. It is useful in cases of *uterine hæmorrhages* that have been incessant in pale, waxy, hæmorrhagic women; incessant hæmorrhage following an abortion. She has been curetted and has had all sorts of treatment, but still that oozing keeps right on. At the menstrual period the flow is very copious and clotted, and then after a prolonged menstruation of ten days or so, during which she has had a copious flow, she settles back into a state of oozing and flowing until next month and then it rouses up into another ten days of copious menstruation. What is the matter here? It does not make much difference what the condition is if the symptom is present. Kali carb. has cured a number of cases of fibroid tumor long before it was time for the critical period to cure. You must remember that there is a natural tendency for a fibroid to cease to grow at the climacteric period, and afterwards to shrivel, and that this takes place without any treatment, but the appropriate remedies will cause that hæmorrhage to cease, will cause that tumor to cease to grow and after a few years there will be a grand shrinkage in its size.

Kali carb. is often a remedy for *vomiting in pregnancy*, but to find out when it is *the* remedy for vomiting of pregnancy we have to go to the whole constitutional state. Vomiting of pregnancy is not cured, although it may be temporarily relieved by *Ipecac.*, as this is a medicine that corresponds merely to the nausea itself. In a large number of instances gagging and nausea are often only a second or third grade symptom in the remedy that will cure. The condition really depends upon the constitutional state, and the remedy that is to cure must be a constitutional remedy. *Sulphur*, *Sepia* and Kali carb. are among the remedies most commonly indicated.

Sometimes *Arsenic* is needed. Of course, if a pregnant woman has simply disordered her stomach and has vomited bile a few times the remedy might be *Ipecac*. When a pregnant woman has no constitutional symptoms at all, and upon examining the case you find nothing but the nausea, overwhelming deathly nausea, with continuous vomiting day and night, a single dose of *Symphoricarpus rac.* will help. That is prescribing upon very limited information, and should only be done in circumscribed or one-sided cases. It is not a long acting remedy, it is not a constitutional remedy and acts very much like *Ipecac*.

At times you will go into the confinement room when the woman has pains below the waist line. The pains in the uterus are very weak, they are not sufficiently expulsive to make progress in the labor, the kind of pain that makes the woman utter the cry, "My back, my back!" The pains extend down the buttocks and legs. Pains in the back as if the back would break. Under good prescribing these pains are changed into contractions, which prove sufficient to expel the contents of the uterus. When you hear such things, you will look back over the history of the case. You will look back for weeks as the woman has been drawing near the end of gestation, and see that the vague things, the chilliness and other features in her constitutional state for which you have been trying to find a remedy now culminate at the time of her confinement into a class of pains. Had you seen that six weeks before and given her Kali carb. you would have prevented the severe labor. It is a severe labor, a prolonged labor; the uterus appears to be weak, and the pains are feeble; they are all in the back, and do not go to the centre of operation as they should. Now, this same kind of a pain may deceive you in taking another form. The pains begin in the back, and appear to go to the uterus, and then run up the back, which would turn you aside entirely from the Kali carb. pain into a pain that would indicate *Gelsemium*. Sometimes these pains are so severe that they actually seem to prevent rather than encourage the contractions of the uterus; when the contractions of the uterus cease, and the woman screams out, and wants her hips rubbed, and screams out with pain in each side of the abdomen rather than in the centre, pains in the region where

the broad ligaments ought to be, *Actea racemosa* (*Cimicifuga*) will make the pains regular. *Puls.* is the medicine for absence of marked contraction, in cases inclined to do nothing; in a case that is inactive, when the os is sufficiently dilated and everything is soft and the prediction is an easy and simple labor, but the patient does not do anything. It is a state of mildness, or inactivity. *Puls.* will very often cause in five minutes a very strong contraction of the uterus, sometimes almost in a painless way.

"The back aches so badly while she is walking that she feels as if she could lie down on the street," etc., etc. The pain seems to take the force and vigor all out of the patient. After delivery there is a tendency to prolong the flooding rousing up at every menstrual period, as I described before

Weakness of the heart, *cardiac dyspnœa*; the breath is short and the patient cannot walk a block or make any speed at walking, must move very slowly. It is the coming on of a fatty heart. With the suffocation and dyspnœa the breathing is so short that the patient cannot stop to take a drink or to eat; the breathing is rapid, not deep but weak. Dyspnœa with violent, irregular palpitation of the heart, throbbing that shakes the whole frame, pulsations that can be felt to the ends of the fingers and toes. Violent pulsations; patient cannot lie on the left side; accompanied by stitching pain through the chest and cough. In old asthmatic patients with weak pulse, with the same pulsations and palpitation and cannot lie down. The only position it seems that he can find any comfort in is resting forward, with his elbows resting upon a chair. The attack is violent and continuous, especially worse from 3 to 5 A. M., and worse from lying down in bed. He is aroused at 3 o'clock in the morning with these asthmatic attacks. Asthmatic dyspnœa, when the state is that of humid asthma or filling up of the chest with mucus, coarse rattling in the chest, loud, rattling breathing. In patients who always have rattling in the chest, rattling cough, stuffy breathing; with every rainy spell or misty spell, or in cold, foggy weather, the condition becomes that of a humid asthma; asthmatic breathing, with much weakness in the chest, worse from 3-5 in the morning. The patient is pale, sickly and anæmic and complains of stitching pains in the chest.

The *cough* of this medicine is one of the most violent coughs of all the medicines in the *Materia Medica*. The whole frame is racked. The cough is incessant, attended with gagging and vomiting, comes on at 3 o'clock in the morning, a dry, hacking, hard, racking cough. "Suffocative cough and choking cough at 5 A. M. Great dryness in the throat between 2 to 3 A. M." Think of Kali. carb. when, after troubles like measles, a catarrhal state is left behind, due to lack of reaction, the psoric sequelæ. The cough following measles is very often a Kali carb. cough. Kali carb., *Sulphur*, *Carbo. veg.* and *Drosera* are perhaps more frequently indicated than other medicines in such coughs as follow measles or pneumonia.

The *expectoration* is copious, very offensive, tenacious, lumpy, blood-streaked or like pus, thick yellow or yellowish green. Very often it has a pungent, cheesy taste; strong taste, as of old cheese. Catarrh of the chest. Here is a typical Kali carb. case. "Dry cough day and night, with vomiting of food and some phlegm, worse after eating and drinking and in the evening." etc.

Nothing is more striking in Kali carb. than the *wandering stitching pains* through the chest, and the *coldness of the chest*. The great dyspnœa, the transient stitches, the pleural stitches are important features of this remedy. A great number of the cases in which Kali carb. is suitable are those where the trouble has spread from catarrhal origin and from the lower portion of the lung upwards. It is not so commonly indicated in those cases where the dullness has begun at the apex of either or both lungs. It will very often ward off future sickness where the family history is tuberculous. Do not be afraid to give the antipsoric remedies when there is a history of tuberculosis in the family, but be careful when the patient is so far advanced with tuberculosis that there are cavities in the lung, or latent tubercles, or encysted caseous tubercles. Your antipsorics might rouse him up into a dangerous condition. Do not suppose, however, that it is dangerous to give *Sulphur* because one's father and mother have died of phthisis. *Sulphur* might be just the remedy to prevent the child from following the father and mother. Now Kali carb. is often suitable, and will act as an acute remedy in the advanced stages of phthisis in cases in

which it was not indicated primarily as a constitutional remedy. In such instances it will act as a palliative in phthisis, whereas if it were indicated primarily as a constitutional remedy it would do damage in the last weeks. The fortunate thing is that a great many homœopaths are not able to find the homœopathic remedy.

I want to warn you in one respect concerning Kali carb. It is a very dangerous medicine in gout. When you get an old gouty subject who has big toe joints and big finger joints, and they are sore and inflamed every now and then, you might think that Kali carb. covers the case very suitably; he is disturbed in just such weather, he is pallid and sickly, his complaints come on at 2 to 3 o'clock in the morning, he has the shooting pains. But these gouty patients are often incurable, and, if so, to undertake to cure them would be a dreadful calamity, because the aggravations would last so long. If you give Kali carb. to one of these incurable patients it will make your patient worse, and the aggravation will be serious and prolonged. Now *Kali iod.*, does not seem to produce that state. *Kali iod.*, when it is indicated in the gouty state, acts as a soothing and palliative remedy. But Kali carb. seems to be a dreadful medicine to handle, it is sharp and a two-edged sword. Do not undertake to give medicine with a view to curing these old cases of gout when the nodosities are numerous. Do not give that constitutional medicine, that should have been administered to these patients twenty years ago, because there is not reaction enough in the life of the patient to turn him into order, and he will be destroyed. It seems paradoxical to say it, but to cure him is to kill him. The vital action that is necessary to restore him to health would practically tear his framework to pieces. You need not believe these things, you are not obliged to. But think about them, and some day after practicing awhile and making numerous mistakes in attempting to cure incurables you will admit the awful power of homœopathic medicines. They are simply dreadful. In old gouty cases, in old cases of Bright's disease, in advanced cases of phthisis where there are many tubercles, beware of Kali carb.

While studying the text, look over the sensations. They are very numerous. Of course, those most striking are the stitching, rending and tearing pains, shooting, sticking and wandering pains.

## DEPARTMENT OF HOMŒOPATHICS.

### LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT, at the Post-Graduate School.\*

#### LECTURE XIV.

Organon § 30.

The human body appears to admit of being much more powerfully affected in its health by medicines (partly because we have the regulation of the dose in our own power) than by natural morbid stimuli—for natural diseases are cured and overcome by suitable medicines.

§ 31. The inimical forces, partly psychical, partly physical, to which our terrestrial existence is exposed, which are termed morbidic noxious agents, do not possess the power of morbidly deranging the health of man unconditionally; but we are made ill by them only when our organism is sufficiently disposed and susceptible to the attack of the morbidic cause that may be present and to be altered in its health, deranged and made to undergo abnormal sensations and functions, hence they do not produce disease in every one, nor at all times.

§ 32. But it is quite otherwise with the artificial morbidic agents which we term medicines. Every real medicine, namely, acts at *all* times, under *all* circumstances, on *every* living human being, and produces in him its peculiar symptoms (distinctly perceptible if the dose be large enough) so that evidently every living human organism is liable to be affected, and, as it were, inoculated with the medical disease at all times and absolutely (*unconditionally*) which, as before said, is by no means the case with the natural disease.

Incidentally these paragraphs have a bearing upon degree or intensity (which is potentization), upon the repetition of the dose, and upon susceptibility, things which must be known by the homœopathic physician in order that he may be a good prescriber. We have studied potentization sufficiently to see that disease causes exist among attenuated things, the infinitesimal or immaterial substances, and thus the physician must see that the

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\* Stenographically reported by Dr. S. Mary Ives.

curative remedy must be on the same plane. He must know why it is that he should give but one dose, and the *rationale* by which susceptibility is satisfied.

In contagion (and consequently in cure) there is practically but one dose administered, or at least that which is sufficient to cause a suspension of influx. When cause ceases to flow in a particular direction it is because resistance is offered, for causes flow only in the direction of least resistance, and so when resistance appears influx ceases, the cause no longer flows in. Now in the beginning of disease, *i. e.*, in the stage of contagion, there is this limit to influx, for if man continued to receive the cause of disease (if there is no limit to its influx) he would receive enough to kill him, for it would run a continuous course until death. But when susceptibility is satisfied, there is a cessation of cause, and when cause ceases to flow into ultimates, not only do the ultimates cease, but cause itself has already ceased.

Hahnemann states that we have more power over human beings with drugs than disease cause, for man is only susceptible to natural diseases upon a certain plane. Disease causes, existing as they do as immaterial substances, flow into man in spite of him; he can neither control nor resist them, and they make him sick. But certain changes occur and man ceases to be susceptible, and there is no longer an inflowing of cause into his economy, a suspension has taken place, because susceptibility has ceased. Susceptibility ceases when changes occur in the economy that bar out any more influx.

But cure and contagion are very similar, and the principles applying to one apply to the other. There is this difference: in cure we have the advantage of change of potency, and this enables us to suit the varying susceptibilities of sick man. Because of these varying degrees of susceptibility some are protected from disease cause and some are made sick; the one who is made sick is susceptible to the disease cause in accordance with the plane he is in and the degree of attenuation that happens to be present at the time of contagion. The degree of the disease cause fits his susceptibility at the moment he is made sick. But it is not so with medicines. Man has all the degrees of potentization, and by these he can make changes and thereby fit the medicine to the

varying susceptibility of man in varying qualities or degrees. Hence Hahnemann writes: "Medicines (particularly as it depends on us to vary the doses according to our will) appear to have greater power in affecting the state of health than the natural morbidic irritation, for natural diseases are cured and subdued by appropriate medicines."

Now, here we might ask the question, when does a medicine that has been administered cease to be homœopathic? The same principle as to susceptibility must apply, because of the similarity between cure and contagion. Let me illustrate it in this way. Suppose we have a case of diphtheria, and after due study Lachesis appears to be the most similar of all medicines and a dose is given. Now, when does Lachesis cease to be homœopathic? When the symptoms that indicated it change, then it is longer indicated. If it given at all after this change, it operates upon a different plane from what it did in its homœopathicity, and if it acts at all it does not act curatively but depressingly. Any more than just enough to supply the susceptibility is a surplus and is dangerous. In a chronic disease administer Sulphur when it is clearly indicated, and the symptoms disappear and the patient feels better. Then the remedy ceases to be homœopathic, and if it is administered longer whatever action it has is neither homœopathic nor desirable. But man argues if a little will do good, more will do more good. Enough to effect a change is all that can be homœopathic; when certain changes are effected then the physician must wait. Enough medicine must be given to establish order, and that is done almost instantaneously; at most it is but a matter of a few hours, and, as long as order continues after it has once begun, so long "hands off." That is just the way contagion takes place. In diphtheria the disease begins, susceptibility ceases, a change takes place that protects the man from any further disease cause flowing into the body, and the disease develops and manifests itself by its symptoms. You will find that the repetition of dose is advised by many wise heads, but if we understand this doctrine it will be clear to us that such repetition is perfectly useless. It is true, that in vigorous, robust subjects who have lightning-like reaction the dose may be repeated and changes oc-



cur for the better if the remedy is not quite homœopathic to the case. But some are injured in this way because they are delicate subjects, whose reaction is slow; the reaction is actually prevented by the repetition of the dose, *i. e.*, the order we have tried to establish is actually prevented. Hahnemann teaches that the human economy is more under the control of man than under the control of disease, for the economy can be affected only by such disease as it is susceptible to, but man, whether for the purpose of proving or for the purpose of curing, can so vary the dose that he can always get results, and the very susceptible ones are terribly damaged by the repetition of the dose.

In the thirty-first paragraph Hahnemann says that disease causes are limited in their ability to effect changes in health, to certain conditions and states, *i. e.*, to susceptibility. This is all Hahnemann says of this doctrine of cessation of cause after certain evolutions have taken place. We see that when a natural disease is taken it runs its period, and tends to decline, and the patient will not be susceptible until another change of state has arrived. It is not true that man will go out of one state of susceptibility to a disease, and in a few days go into another state of susceptibility to that same disease. There must be a change, a cycle, which means a certain length of time. Now if we talk about cure instead of contagion, it would seem that a certain dose of medicine administered had lasted a certain time. That is commonly the appearance. The medicine appears to act all that time and you should be clear in your mind that this is only an appearance. It really means that a certain length of time elapses before another dose is necessary, *viz.*: until another state of susceptibility has arrived. So again we say, whenever a medicine ceases to be homœopathic it is of no use to administer that medicine any longer, as it will act on the patient only upon an artificial susceptibility. By this we mean that certain sensitive patients always have a susceptibility to high potencies. We have thus two things to deal with, the acute state, created by the disease itself, and the chronic state, which is the natural state of the patient born under miasm. Now, when in the acute state the patient has satisfied the susceptibility to contagion, there is a period in which the disease cause can no longer operate upon him,

he is immune against any further influx of disease cause. But when a remedy ceases to be homœopathic, the patient has not this immunity against more of its power because of the possibility of variance in the hands of the physician; the potency being given to the patient outside of his own degree of susceptibility, he may be damaged.

§ 33. In accordance with this fact it is undeniably shown by all experience that the living human organism is much more disposed and has a greater liability to be acted on and to have its health deranged by medicinal powers, than by morbidic noxious agents and infectious miasms, or in other words, *that the morbidic noxious agents possess a power of morbidity deranging man's health that is subordinate and conditional, often very conditional; whilst medicinal agents have an absolute unconditional power, greatly superior to the former.*

When we look over the improper use of all sorts of medicines, we can but conclude that the human race, because of drug-taking, has been greatly disordered in the economy. You have heard Hahnemann speak of the management of chronic diseases; he distinctly states that the greatest difficulties are those that have been brought about in the economy by continuous drug taking. It is not that the drugs themselves are laid up in the economy, but that life-long disorder is created. Think of the poor old individuals who were in the habit of taking sulphur and molasses, think of those who were perpetually tapping their livers with blue mass, think of the western sufferers who have filled themselves every year with quinine pan-cake to keep off the chill. These people are so disordered that it takes years of careful prescribing to turn them into a state of order.

In § 34, Hahnemann repeats two propositions to which we have already alluded. The first proposition is that in order to cure the medicines must be able to produce in the human body an artificial disease similar to that which is to be cured; this has been fully illustrated and explained. The second proposition is that the artificial disease must be of a greater degree of intensity. The matter of intensity has already been explained as something higher, more internal, something superior or prior. Intensity or power is proportionate to the degree of approximation towards primitive substance. There is no thought of intensity in any other direction. The cause of disease and of cure exists within

the primitive substance and not in ultimate material form, although the immaterial cause of disease continues in disease ultimates. The bacteriologists have crawled into confusion because they do not know in their science that causes continue into effects. The bacteria may contain cause because causes are continued into ultimates, but the primitive cause is not in the bacteria; the bacteria themselves have a cause.

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OLIGODYNAMIC PHENOMENA IN LIVING CELLS, BY  
CARL VON NAGELI, OF SWITZERLAND.

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Reported by W. P. Wesselhoeft, M. D., Boston, Mass.\*

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Charles Darwin astonished the scientific world in 1875 by the publication of experiments made upon insectivorous plants, in which he showed by repeated experiments (the results of which he himself was forced to acknowledge almost against his will) that the absorption of less than one-thirty millionth of a grain of phosphate of ammonia had the power of carrying a motor impulse to the tentacle of the *Drosera rotundifolia*, exciting a movement of 180 degrees. Darwin expresses his wonder at the action of such minute quantities "in organisms devoid of a nervous system."

Since then another scientist has arisen in Europe whose experiments with so-called insoluble substances have convinced him, and a number of pupils, that a *new force* must be invoked to explain the deadly, and sickmaking, action of metals on lower animal and vegetable organisms.

Carl von Nageli called this new force, *Oligodynamis*, by which he wished to express the action of minutest particles of metals in aqueous solutions beyond the power of chemistry to establish.

In his studies he established the fact that the action of these metallic solutions on *Spirogyra* differed from chemical poisonings, not only in degree, but in the kind and manner of their action.

His experiments were begun in 1881 and continued with some interruptions till his death, in 1892. Among his posthumous papers the one I am now discussing was found nearly ready for

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\*Transactions of the I. H. A.

publication. This patient labor reminds us strongly of Hahnemann's work, who, with a few followers, experimented for nearly twenty years before he published his discoveries in the *Organon of the Healing Art*.

Nageli's experiments had their origin in the revelation, that water drawn from a brass faucet, or water distilled in copper vessels, had a fatal effect upon *Spirogyra*. He then began to "potentize" this water, *i. e.*, reduce the amount of poison. He distilled one liter of water in glass retorts, suspended four clean copper coins in this water during four days, and found that this solution killed his plants in a few minutes. When this water was poured away, the glass rinsed and washed carefully, and again refilled with neutral water, the *Spirogyra* also died in a very short time. If, however, the glass was washed out with diluted nitric acid, and refilled with fresh neutral water, the plants flourished and remained healthy. This proved, conclusively, that a *copper force* was imparted to water from the walls of the glass vessel. Rinsing, washing, brushing, and even boiling had little effect upon the glass; not till a mineral acid had been used did the glass vessel lose its oligodynamic properties.

Again he found that this oligodynamic water poured into a new, clean glass vessel transferred its poisonous properties to the walls of the glass, and in turn was again able to medicate neutral distilled water.

He says: "Glasses with oligodynamic aftereffects (*nachwirkung*), lose their power very slowly after being repeatedly refilled with neutral water, which is allowed to stand in them for a while, and somewhat more rapidly if they are boiled in neutral water."

These experiments were frequently repeated, and with many variations, with precisely the same results. The facts were irrevocably established.

It now became a duty to endeavor to explain these facts. It seemed impossible to Nageli's mind that this force could originate from a soluble combination. How could it be possible that such an incredibly minute quantity of almost insoluble metals should have such deadly effects upon living cells? How could it be possible for even a *soluble* substance, which adhered to the surface of a glass, to have such potency in its aftereffects (*nachwirk-*

ung) which had been repeatedly washed out, rinsed and boiled, and still be able to transfer to neutral water, for weeks, its death-dealing qualities?

Nageli further records an attempt to ascertain the amount of copper dissolved by suspending twelve small copper coins in twelve quarts of neutral water during four days. These twelve quarts were slowly evaporated and the minute residue, supposed to be hydroxyd of copper, was found to be in the proportion of one part of copper to nearly one hundred million of water.

Therefore this solution of 1: 100,000,000 was capable of transferring its medicinal qualities through a series of glasses, each of which had been washed, rinsed, and each glass retained its power to transfer oligodynamic copper properties.

Nageli also demonstrated the difference between chemical poisoning and the action of oligodynamic water upon *Spirogyra*, observing the symptoms of the plant while under the influence of copper solutions in which no copper could be chemically demonstrated.

He says: "There is not the least doubt that the stronger concentrated solutions of copper have a chemical poisoning effect, while those of the weaker solutions have a sickmaking effect" (before they kill).

He considers the chemically poisonous effects to lie from the proportions of one part of copper to one thousand up to one part of copper to ten thousand of water. The oligodynamic effects lie between one part of copper to 100,000,000 up to one part of copper to 1,000 million of water.

The discoveries of Nageli are exciting much interest among scientists in this field of observation. It is very singular and significant, however, that the experimenters, so far as I know, have confined their observations only to the first solutions of copper one 100,000,000 and have nothing to say about the transference of oligodynamis to vessels in which this solution has stood.

Thus F. S. Locke (*Journal of Physiology*, 1895) says: "A piece of bright sheet copper 4.5 x 1.5 c.m. placed in 200 c.c. of water distilled in glass, produced complete disintegration of the tubifex in less than twenty hours. Under exactly the same circumstances in a parallel experiment, three tadpoles lived only

nine hours. The marked influence of contact of distilled water with copper, either as such or in brass, amply explains the destructive 'aqua destillata,' and points to the advisability of avoidance of all contact with this metal of water to be used in physiological experiments. The result points to *Spirogyra* being more obnoxious to traces of copper than *tubifex*, for a water containing one part of copper to 77,000,000 of water kills the plant in one minute at most."

Here you will observe no mention is made of experiments with *contact potencies* mentioned by Nageli, who declares he found poisonous (or sickmaking) effects in solutions which he calculated in proportions of one part to 1,000,000,000.

O. Israel and Th. Klingmann (*Virchow's Archiv.*, cxlvii, page 293) say in their experiments corroborating Nageli's observations:

"We used metal foils which are more easily cleansed and measured, and extended our experiments not only to different species of *Spirogyra*, but also to bacteria (typhus, cholera, etc). Those experiments proved that infinitesimal quantities of metallic salts absorbed by water produce most marked disturbances in the life of lower organisms. The dissolved quantities are so extremely insignificant that they can be demonstrated chemically only by evaporating vast quantities of the solution, and every drop of this infinitesimal solution is capable of producing injury."

Then they try to prove that this action nevertheless must be chemical, but they experimented only with the first solution of 1:77,000,000 and mention nothing of experiments made with contact potencies which Nageli lays so much stress upon and which cannot be demonstrated by any quantity of zeros behind the unit. How would it be possible to demonstrate the amount of copper molecules or atoms contained in a vial in which a solution of 1:77,000,000 had stood for a while, then this vial carefully cleansed by washing and wiping and refilled with neutral water? Still this contact made the second (yes, even third and fourth) solution injurious to the plant. I think Israel and Klingmann would have found some difficulty in demonstrating the presence of copper in such proportions by chemistry.

It is the old story repeated, and Hahnemann's words should ring in our ears; "Machts nach, aber machts genau nach."

This subject is evidently interesting a number of scientists at the present time, and I hope to be able to add more observations, which may have accumulated, at our next meeting.

It seems that "science" is gradually advancing to our principle and doctrine in recognizing forces and energies inherent in substances which cannot be grasped by the hand, seen by the eye, measured by rule, or weighed in scales, forces inherent in matter made potential by trituration and potentizing.

I am well aware that these solutions have little in common with our high and highest potencies except this one fact, viz., to account for the potency of such a division of matter, Nageli was obliged to invoke a new force in order to explain the energy of these solutions. His experiments were confined to a low order of plants, organisms devoid of a nervous system. Hahnemann discovered this infinitesimal power of insoluble substance while observing organisms *not* devoid of a nervous system, and carried his potencies up to the 30th centesimal, and even higher. Still more wonderful was his discovery that substances, which in their crude state do not evince the least medicinal effect upon the human body, become potential by dynamization.

Nageli has called this new force, "Oligodynamis," which, translated means, "minute power," or "power of the minute." Hahnemann more than eighty years ago, wrote, pp. 269, *Organon*: "The homœopathic healing art develops for its purposes the immaterial (dynamic) virtues of medicinal substances, and to a degree previously unheard of, by means of a peculiar and hitherto untried process. By this process it is that they become penetrating, operative, and remedial, *even those substances that in a natural or crude state* betray not the least medicinal power upon the human system." Nageli calls this force by one name, Hahnemann by another; they both were on a similar scent. Hahnemann called it medicinal force (*arzneikraft*), *because it can be observed only in its action upon living organisms, but not by chemical, physical or microscopical test.*

Let me quote a few words from a paper by Dr. B. Fincke, which I think is in point:

"Infinitesimal is that quantity which is so minute as to be unassignable. It is, nevertheless, something which has a reality,

though it escapes our observation. . . . There is an inexhaustible supply of infinitesimals in nature which the human understanding will never be able to use up in its endeavor to peep behind its mysteries. Thus it is that an essential contradiction prevails in the claims of mathematics for infinitesimals, and in the repulsion which they receive at the hands of physicists and chemists in their opposition to Homœopathy, though they themselves seem to have great need of it, as the artificial atomic and molecular hypothesis proves, which is built up to fill the void felt by their branches of science. . . . As soon as the infinitesimal can be assigned, as the greatest mathematicians of this age have calculated the hypothetical atom, it loses the quality of infinitesimality. It becomes a mere minutule, . . . but the thus assigned and calculated minutule, be it ever so small, its very determination points to still smaller entities which escape, as yet, alike observation and calculation and recede into the depths of infinitesimality, though we *have* an idea of their existence. .

. . . By the progress of science, our observation discovers new *values*. . . . The most familiar instances in physics and chemistry are the discoveries of new substances by the spectroscope which had escaped the so far known instruments of research, and the radiant condition which matter seems to assume under the influence of electricity in a most attenuated state."

"Crookes carried the rarification of air to  $\frac{1}{1000000}$  of an atmosphere, which therefore compares to a little more than the third homœopathic potency. By Bunsen's spectroscope matter can be seen as far as the ninth or tenth centesimal potency. This is all that physical science so far has accomplished in gaining minitular values from the world of infinitesimals. Why should Hahnemann and the homœopaths be so bitterly assailed, who by their process of potentiation of substances, and by the application of preparations thus obtained upon the human organism in health and in disease, have succeeded in showing values which far exceed the wonderful feats of modern science? . . . . It is, therefore, a great injustice that not only physicists but also members of the homœopathic profession ridicule the Hahnemannian infinitesimals and try to persuade the people that advocates of such ridiculous remedies deserve no credit or confidence, . . .



and yet the reproach that Homœopaths were dealing in infinitesimals was not even a valid one, because the remedies being assigned and determined by their (crude) medicinal action lost the characteristics of infinitesimality. . . . Since Hahnemann's time the series of potentiation has gradually risen higher and higher till it has arrived at the five millionth potency. . . . This high potency shows not only morbidic and curative power, but its action can also be seen by the electro-magnetic method of neural analysis."

"It undoubtedly follows that even such high potency is no more an infinitesimal, but a magnitude of definite value, which points to still smaller magnitudes lying beyond that limit."

This was written and published in 1882. Since then the potencies have been raised to the hundred millionth and above, and used by those homœopaths, who know how to use them, with such success that their efficiency is established beyond a doubt.

In 1880, our colleague, Dr. Buchmann, in Alvensleben, Germany, carefully cleansed fifteen ten-mark gold pieces, placed them in a glass vessel, carefully avoiding any friction. Then fifty grammes of distilled water were poured into the vessel, and allowed to stand for half an hour. He proved his solution on himself and on a lady, who was especially sensitive to the influence of metals. He records fifty symptoms observed, which correspond almost exactly to the symptoms of Hahnemann's collection in the pathogenesis of Aurum metallicum. The dose taken by each prover was one spoonful of the solution. He desired to show that gold was soluble in water, even after having been exposed a very short time. Dr. Buchmann's experiment preceded Nageli by one year. Buchmann knew before his experiment was made that metals were soluble from his knowledge of the action of high potencies, and this has been known by him and many others for over half a century.

Prof. Nageli's experiments are recorded in the *Neue Denkschriften allegem. Schweiz. Gesellschaft*, Vol. XXXIII., Part I., 1893, published in Zurich.

## THE DOCTRINE OF THE TOTALITY OF THE SYMPTOMS.

S. MARY IVES, M. D., H. M., Philadelphia, Pa.\*

There is perhaps no more important study in the whole realm of Homœopathy than this one; without a clear perception of its truth one is doomed to failure, for it forms the beginning and the end; it includes a knowledge of the sick man, which is the beginning of Homœopathy, and it embraces a knowledge of the means of cure, which is the end of Homœopathy, *i. e.*, the restoration of the sick to health.

If we refer to paragraph 6 of the *Organon* we find Hahnemann saying as follows: "The unprejudiced observer—well aware of the futility of transcendental speculation, which can receive no confirmation from experience—be his powers of penetration ever so great, takes note of nothing in every individual disease, except the changes in the health of the body and of the mind (morbid phenomena, accidents, symptoms), which can be perceived externally by means of the senses; that is to say, he notices only the deviations from the former healthy state of the now diseased individual, which are felt by the patient himself, remarked by those around him and observed by the physician. All these perceptible signs represent the disease in its whole extent, that is, together they form the true and only conceivable portrait of the disease." And again, in paragraph 11, after he has been dwelling upon the deranged vital force, he states "for, as a power invisible in itself and only cognizable by its effects on the organism, its morbid derangement only makes itself known by the manifestation of diseases in the sensations and functions of those parts of the organism exposed to the senses of the observer and physician, that is, by *morbid symptoms*, and in no other way can it make itself known." This is further brought out in the following paragraph (12): "It is the morbidly affected vital force alone

\*Paper read at the Post-Graduate School.

that produces diseases, so that the morbid phenomena perceptible to our senses express at the same time all the internal change, that is to say, the whole morbid derangement of the internal dynamis." etc.

There is but little need to comment upon these words, they stand out so clearly and their meaning is so plain. The key which unlocks the door to a study of the sick man, to a study of his disease, is the sum total of his symptoms. But right here is the vital point; what do we mean by the *totality of his symptoms*? As we come face to face with some great picture for the first time our eyes take in but the general outline of it, we see only its crude illustration; later, as we continue to study it, we are struck by certain leading points, some particular expression of face, some striking attitude, some marvellous ray of light, or perhaps some touch of color here and there, until finally we grasp the whole picture, and it stands before us as a living reality; the very figures seem to breathe and move and we lose ourselves in the artist's conception. So with the study of our patients, they come to us, and at first we see but the outer man with his superficial blemishes, his outward manifestations only, his surface changes, but as he talks to us and tells the story of *his* sufferings, mental and physical, of the things that have weighed him down and hedged him in from very childhood, our vision broadens. We begin to realize that this material, physical man with his organic change is *not* the sick man, that all these material defects upon which we can place the finger and can see with the eye have had some subtle, invisible cause behind them, which has slowly, it may be, but none the less surely, fulfilled its mission. And to this immaterial cause, the disordered vital force, with its resultant manifestations of disorder in mind and body, must we direct our attention; in other words, to "the outwardly reflected image of the inner nature of his disease." This is what we mean by the symptoms of a patient, the record of his disordered states and feelings; his morbid fancies, disturbed sensations, *all* that *he* has suffered from very birth; *not* the record alone of the changes in his organs, tissue changes, abnormal growths, etc., in other words, not a picture of his pathological state as applied to the tissues of his body, but his pathological state as applied to the

*man himself.* At this point we bid a long farewell to the Allopaths, for they are bent upon the discovery of material disorder in things external, while we have set our faces toward the realm of things internal and immaterial, toward the very essence of man.

The study of each new patient is like the reading of a new book with uncut pages, the story is all there if we will but cut the pages and read. The trouble is we are too lazy to open the closed leaves, we don't want to be bothered, and so go on trying to read our book without learning what lies hidden in their fold, until at last we cannot make head nor tail of the story and throw away the book in disgust. Just so with our patients, their stories are all ready for our perusal if we will but take the time to listen as they recite their lifelong grievances, their aches and pains, their mental sufferings (to which they have never yet found anyone ready to listen), and so on through many chapters of distressing experience. There are many pages in the life story of our patients hitherto unopened, and no true picture can be gained unless these heretofore closed pages are opened and the history contained therein carefully noted. *The whole truth and nothing but the truth* must be our motto. If we have not time to do our patients justice then we have no right to hold so sacred an office as that of healer of the sick, and we are no better than impostors.

To gain a true picture of the totality of the symptoms, an image of the internal disorder that has been going on in our patients, we must watch and wait, and wait and watch, and that patiently. *Taking the case* is not easy photography. There is no "press the button and I do the rest;" the plate must be exposed a long time in order to obtain a good, clear image, and several sittings may be necessary before a perfect picture is presented, for at first it is often blurred and very imperfect.

Now it necessarily follows that as the *totality of the symptoms* is the outward representation of the internal disorder of man's economy, the cure of this *totality of symptoms* cannot result in any other way than return to health; restore harmony to this discordant state and the result is health. If we refer to paragraphs 8 and 12, also 17, we find this clearly demonstrated. Par. 8: "It is not conceivable, nor can it be proved by any experience in the

world, that, afterremoval of all the symptoms of the disease and of the entire collection of the perceptible phenomena, there should or could remain anything else besides health, or that the morbid alteration in the interior could remain uneradicated." Par. 12: "It is the morbidly affected vital force alone that produces diseases, so that the morbid phenomena perceptible to our senses express at the same time all the internal change, that is to say, the whole morbid derangement of the internal dynamic; in a word, they reveal the whole disease; consequently, also, the disappearance under treatment of all the morbid phenomena and of all the morbid alterations that differ from the healthy vital operations, certainly effects and necessarily implies the restoration of the integrity of the vital force, and, therefore, the recovered health of the whole organism." Par 17: "Now, as in the cure effected by the removal of the whole of the perceptible signs and symptoms of the disease the internal alteration of the vital force to which the disease is due, consequently the whole of the disease is at the same time removed, it follows that, the physician has only to remove the whole of the symptoms in order, at the same time, to abrogate and annihilate the internal change, that is to say, the morbid derangement of the vital force, consequently the totality of the disease, the disease itself. But when the disease is annihilated the health is restored, and this is the highest, the sole aim of the physician who knows the true object of his mission, which consists not in learned-sounding prating, but in giving aid to the sick."

The question now arises, by what means can this result be obtained? How can the physician restore order to this state of turbulence and revolt? How shall this condition of internal disorder be brought into quiet and harmony? If we are now convinced that our ability to perceive the nature of sickness in any given case rests upon a full comprehension of the totality of the symptoms in that case, it becomes an easy matter to follow this question to a solution. For in like manner must the perception of the nature of each remedy or drug rest upon a clear understanding of its symptom picture; and how else can this be obtained than by studying the effects of drugs upon healthy persons, until a full and complete image of each remedy is presented to our gaze.

The totality of symptoms, besides being the expression of disease, is equally the guiding star to the means of removal of this disease, viz., the indicated remedy. This opens up the vast field of materia medica, the limitless expanse of the homœopathic materia medica, which to the eyes of the beginner, as he stands awestruck on the outskirts of Homœopathy, appears like a long and tedious journey in the progress of which he may expect but little rest or enjoyment. But let him start out with a sturdy courage and clear understanding as to the ultimate purpose of his journey, whether merely for gain, or, on the other hand, for unselfish use, and according to such purpose he will find it a hard and stony road, or a hard but fruitful one.

If we refer again to the *Organon*, paragraphs 19, 20 and 21, we shall see the plan laid down by Hahnemann to enable us to grasp a knowledge of the totality of the symptoms of the remedy. "Now as diseases are nothing more than alterations in the state of health of the healthy individual which express themselves by morbid signs, and the cure is only possible by a change to the healthy condition of the state of health of the diseased individual, it is very evident that medicines could never cure diseases if they did not possess the power of altering man's state of health which depends on sensations and functions; indeed, that their curative power must be owing solely to this power they possess of altering man's state of health," etc. It, therefore, rests with us to make so exhaustive a study of drug provings that the image of the drug becomes a part of ourselves, we carry it with us everywhere, and the longer we know it the better we know it. We can then turn to it in perfect confidence to help us out of our difficulties. Just as we listened to the sick man telling his story, so we must listen to the remedy as it tells its tale. We must not be content to retain a portion only of its power, but its whole image, its *totality* must be assimilated or we shall not be nourished. If we absorb its full and rounded nature, the numerous little details will be so contained in this generous whole that they can be supplied at will. However, atrophy and emaciation will quickly follow if this new tissue remain unused. It must be exercised, and that quite vigorously, in order to maintain its life and produce growth. And for what other purpose have we acquired this knowledge but

for use; but for the curing of the totality of symptoms of disease by the totality of symptoms of the remedy, in other words, to heal the sick.

To this end, should we not gladly avail ourselves of every opportunity to study disease, not for the purpose of making a pathological diagnosis, although that is most laudable in its place, but for the purpose of acquiring a quickness of perception in recognizing in the image of that disease the corresponding image of its remedy; this does not mean the correspondence of one portion of the disease image to one portion of a drug image, and another portion of the disease image to another portion of the drug image, and so on. But, it does mean the correspondence of the totality of symptoms of the disease to the totality of symptoms of the remedy, and without such relationship *cure is impossible*.

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#### CASE OF IRITIS.

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E. W. BERRIDGE, M. D., London, England.

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June 13th, 1898. Mr. E. had iritis of right eye, which felt hard, subjectively. My eye repertory gives (p. 76) right eye, hardness, *Colocynth*. I gave him *Coloc.* 50 m. (F. C.) in water, a spoonful every 6 hours till relieved. He improved in a few hours and was cured later.

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#### PERSONALS.

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Dr. M. F. Underwood has removed his office from 602 Telegraph avenue, Oakland, to 21 Powell street, San Francisco, Cal.

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#### ERRATA.

- P. 174, line 24, for "where" read "when."
- P. 174, line 31, for "26th day" read "46th day."
- P. 175, line 12, for "to" read "the."
- P. 176, line 16, for "head" read "heart."

## DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the *Organon*.

## HÆMOPHILIA—LACHESIS.

PROF. J. T. KENT.

A. C. G., æt. 28 years.

*History*.—Has been a bleeder since birth. Just before he was born his mother had a tooth extracted, and the bleeding from the gum could not be stopped for a long time. Every scratch or little cut he had would keep on bleeding until he was almost exsanguinated and then the wound would heal. Had smallpox when a year old. At 12 years of age he sustained a small cut on forearm, the hæmorrhage from which could not be stopped. Suturing was attempted in Pennsylvania Hospital, but this only increased the bleeding points. Was in hospital for 5 weeks, and when he was "bled out" the wound healed. Fracture of right thigh bone and delayed union—8 weeks before any union was observed. Every slight bruise followed by extensive ecchymosis. Epistaxis continued for 3 or 4 days once. Rheumatism for the past two years, since the development of which the bleedings have not been so troublesome. Just before coming here he has been in bed for two months suffering from "inflammation of bowels" and hæmorrhage till he was "bled out."

1896.

June 2. *Present symptoms*. Rheumatic pains in knees and elbows; can hardly stand. Swelling of the knees  
Pale from bleeding.  
Bleeding from gums constantly.  
Small wounds bleed much.



Small bruise makes him black and blue.

Great thirst for water; hydrant water satisfies.

*Lach.* 41 m., one dose.

July 29. Felt first rate until July 2d.

Rheumatism returned to elbows—*left* first.

*Lach.* 41 m., one dose.

Aug. 22. Improving constantly.

Dec. 7. Stiffness in knees and elbows.

*Lach.* 41 m., one dose.

1897.

Jan. 30. Some stiffness returning.

*Lach.* cm. (F. C.), one dose.

Sept. 6. No symptoms.

Oct. 5. Some bleeding.

Rheumatic swelling in right elbow; only lasted a short time.

*Lach.* c.m.

Dec. 15. Bleeding again.

*Lach.* c.m.

1898.

March 19. Bleeding again.

Rheumatic symptoms returning. Stiffness in elbow.

*Lach.* m.m. (F.)

July 16. Only some stiffness in 1 elbow.

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## TREATMENT OF DOMESTIC ANIMALS.

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ELEANORE G. LENNOX, M. D., Toronto, Canada.

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"*Little 'Un.*"—White kitten, fat but very light in weight—one blue eye, one yellow.

Breath very offensive—dirty-looking mucus about the mouth.

Appetite ravenous, very fond of eggs. Will eat egg-shells; seems to crave them, and will even fish them out of the coffee grounds with his paw and eat them.

When angry will sometimes emit an odor unpleasantly suggestive of  $H_2S$ .

Temper rather irritable.

*Calc. c. cm.*

The improvement began at once, and he soon gave up his efforts to put more crude lime into his system in the shape of egg-shells, for potentized lime had turned him into order and made it possible for him to assimilate the proper amount from his ordinary food.

This happened in the summer of 1894, and from that time on an occasional dose of Calc. kept him in order until this spring, when an abscess formed on the left side of his lower jaw. I could discover no marked indications for any remedy, so gave him a dose of *Hepar 10 m.* The abscess broke the next day, and in due time healed up. In about two weeks it formed again in the same place. This, together with the fact that he is not so fat as he used to be, led me to give him *Silic. 10 m.* This completed the work at once, and there have been no more abscesses, or any other complaints, since then.

Even in a cat a Calcarea case will run into Silicea!

---

"*Pickaninny.*"— A scraggy black kitten about seven months old very thin, although he eats well—immense ears and feet.

Has been subject to fits, but has been free from them now for some time.

He neglected to observe the rules of surgical cleanliness in the wound left by castration and presented the following symptoms:

The parts about the wound are indurated and sensitive to touch.

The discharge coming from it is watery, blood-streaked, and extremely offensive.

*Sulph. 55 m.*

The discharge stopped the next day, and all the offensiveness was gone. In three or four days a bright red knot of granulations stood out from the wound, which, according to rational (?) surgery, should have been cauterized, for of course it would never do to have all that redundant tissue to disfigure the surface after healing. But not being a rational surgeon, I followed the course pursued by a certain ignorant class of medical people (I hope no one will consider this remark a personal thrust) and left it alone. In a few days this "knob" shrivelled up, and in a few days more there was a perfectly smooth black surface over which the fur afterwards grew. Just after this he had one more fit—old symptoms returning—and is now a very handsome, big cat with a beautiful coat of fur and an angelic disposition. He had no more fits for about two years, when a slight one gave the signal for another dose of Sulphur.

## Directory of Homœopathic Physicians.

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# Journal of Homœopathics

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## DEPARTMENT OF MATERIA MEDICA.

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### PETROLEUM.

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Lecture delivered by PROF. J. T. KENT, at the Post-Graduate School.

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Do not imagine that the so-called external uses of Petroleum are homœopathic ameliorations. It is one of the abused remedies. It is used externally in rheumatism, bruises and all sorts of troubles, and the amelioration that comes is the result of establishing a disease on the surface, by counter-irritation, and not by homœopathic action. The symptoms ameliorated are not cures and should be rejected from the Materia Medica. Crude Petroleum is extensively used in the oil regions on both man and beast as a "cure all."

It is a wonderful counter-irritant and, on the skin, produces irritation, eruptions and disturbances like *Turpentine*. Among the early things that Petroleum does to a prover is that it puts him in a state of confusion, confusion of mind and dizziness; he is dazed so that he loses his way in the street. She has strange imaginations that there are people near her who are not present; that the atmosphere is full of strange forms; that her limbs are double; that another person is in the bed with her. Such things are found in the fevers. A woman after childbirth imagines there is another child in bed with her, and she wonders how she will take care of the two. These ideas are found in many diseases, have been often confirmed and verified. In typhoids and low forms of

sickness; in diarrhœas; when just awaking he is in confusion; in his dreams he had the idea of being two or more and the impression remains with him while he is in a semi-conscious state. He cannot reconcile the state, but when aroused to consciousness he is able to reason it away, and when semi-conscious again it returns. This annoys him day and night.

*Skin symptoms.* The surface symptoms are striking. The tendency is to throw out vesicles, herpetic vesicles which are isolated, and the tendency of the vesicles is to form thick yellow crusts, with considerable moisture. The vesicles break early. At times the vesicles don't form crusts, but break early and ulcerate underneath, and this spreads into a phagedenic ulcer; this condition occurs about the fingers, scrotum, face and scalp. There is a special tendency to produce vesicular eruptions about the back of the neck. Papular, pustular, vesicular, dry, mealy eruptions, but most commonly moist; eruptions which extend deeply. It builds up eruptions on the site of old eruptions, with an increasing hardness in the base of the old eruption. When the crust dries down it indurates, and this induration takes place at the margin and builds up little rings about the margin. The induration cracks, bleeds, looks purple. Apply this to salt rheum, and eruptions about the hands. It is suitable when there are cracks about the ends of the fingers and on the backs of the hands. The skin is rough, ragged, exfoliates, cracks, bleeds; the tissues are hardened; this occurs sometimes about the palms of the hands and nails. This tissue ulcerates, and the ulcers eat and spread. All eruptions itch violently. He can't rest until he scratches the skin off, when the part becomes moist, bloody, raw and inflamed. There is also itching, with no visible eruption. He scratches the skin until moisture oozes forth, and keeps on scratching until the skin bleeds and the part becomes *cold*. (This word makes me just remark here that *coldness in spots* is quite a feature of this remedy. Coldness in spots; coldness in the stomach, in the abdomen, in the uterus; coldness in a spot between the scapulæ; coldness in the heart—sensation as if the heart were cold). Various forms of eczema. Eczema of the scalp, especially of the occiput. Herpetic eruptions about the mouth (*Nat. m.*), about the genitals, lips, face, and the patches become crusty and ooze much.

The *mucous membrane*, or internal skin, has little patches of ulcers, with induration about the patch, and hence Petr. is useful in syphilitic ulcers. Ulcerous patches in the throat; aphthous patches in the mouth. There is a good deal of inflammation of the mucous membranes everywhere, producing watery and finally thick yellow discharges. The nose is filled by tumefaction of the Schneiderian membrane. Old catarrhal complaints of the nose, crusts, thick yellow discharge, fetid odor from the nose. The nose and posterior nares and pharynx become thickened and there is an accumulation of thick mucus, especially in the morning. The larynx is involved and there is loss of voice, and the trouble extends to the chest, causing a catarrhal condition with cough. He coughs especially at night, and there is emaciation of the body with pain and soreness of the chest. Dry, hacking cough, alternating with copious expectoration; emaciation about the chest. A striking feature of this drug is that the cough is worse at night, and the diarrhœa is worse during the day. Catarrh of the stomach and bowels. Catarrh of the rectum, much mucus with the stools. Diarrhœa during the day time, ameliorated at night, while the patient is quiet and at rest. He cannot eat without pain, but he has a gnawing hunger which drives him to eat. (*Lach., Graph.*). There is an "all-gone," hungry feeling after stool, which drives him to eat. With the diarrhœa there is constant hunger, yet he can't eat without pain; emaciation, skin eruptions, unhealthy ragged fingers which never look clean; he can't wash them as this causes them to chap.

Catarrh of the bladder and urethra; chronic catarrhal discharge; chronic gonorrhœa. Itching is common to the internal skin, and a striking feature in gonorrhœa is the itching in the posterior half of the urethra with the discharge. It almost drives him wild, keeps him awake at night. He rubs and manipulates the perinæum to relieve this itching. The gonorrhœal discharge is white or yellow. It is useful in that "last drop." Also in the early stages of gonorrhœa when the itching is tremendous.

Sore bruised feeling all over the body, especially in the joints. Rheumatic pain in the joints on motion; sore to touch; sensation as if bruised. It is analogous to *Arnica* in relation to bruises.

Petroleum is suitable in old stubborn *occipital headaches*. *Silicea*

is the routine remedy for offensive foot sweat and periodic occipital headaches. Now Petroleum has also offensive foot sweat; offensive sweats all over, and especially so in the axilla, where it is so pungent that it can be observed on the patient entering the room. Occipital headache. The pain often stays there, but when very severe it extends up over the top of the head to the eyes and forehead (*Silicea* has that condition also). Petroleum is not so closely related to *Silicea* as it is to *Graphites* and *Carbo veg.*, which are carbonaceous substances; and all carbonaceous products affect the back of the head, more or less. "Pain from occiput over head to forehead and eyes, with transitory blindness; he gets stiff; loses consciousness." "Circumscribed pain in the occiput, aggravated on shaking the head." This remedy, unlike *Carbo veg.*, has oversensitiveness of the senses, hearing, touch and smell.

The Petroleum constitution produces a peculiar vertigo which comes on under regular circumstances, when on ship-board, or riding in a carriage, or on the cars. It suits occipital headache from riding on the cars, or from such motions, with nausea like seasickness. Seasickness is a trouble we cannot always meet, yet most people, when constitutionally treated, can be directed into a better state, so that they will not be troubled under ordinary conditions, such as riding on the cars or in a carriage. To a great extent the above condition is due to a lack of accommodation, a visual trouble; coming on, for example, from focusing the eyes on the waves as they retreat from the rear end of the ship, or on passing objects, the patient being relieved while in a dark state-room. Occipital headache, with the vertigo above mentioned, and an all gone hungry feeling or pain in the stomach driving him to eat, will be mitigated by Petroleum. The most common form of seasickness I have found to be the following: Awful deathly nausea, great pallor, cold body, profuse sweat and exhaustion, ameliorated by fanning, by the open air, by closing the eyes, by quiet and darkness, and aggravated by warmth. *Tabacum* is generally the remedy for such cases.

In Petroleum there is much disturbance of vision, but the catarrhal state of the eyes is striking. Vesicular formations, ulcerations, inflammation, redness and copious discharge; granular lids,



thickening of the mucous membranes, cracks in the lids, fissures in the corners of the eyes with *great itching*. This itching is present in all congestions of the mucous membrane. *Eustachian Tubes*. The mucous membrane is thickened, and deafness results. It is a catarrhal state, and is attended by great itching in the tube, which he cannot reach by any method; itching deep in the ear. He rubs the ear and tries to scratch it, but he cannot reach it. Itching in the pharynx; also in the external canal of the ear. Ear discharges.

Induration and inflammation of the glands of the body. In ear troubles the parotids enlarge; in troubles about the jaw the sub-maxillary and sub-lingual glands are involved; they become hard and tend to remain so. Face pale or yellow; sickly. "Nausea and qualmishness all day."

Heat and burning. Skin hot in places; with sensation of coldness in spots. Burning and itching of palms and soles; face and scalp burn. The itching and burning often go together; parts that burn itch much. Feet burn and have a sensation as if frozen. Chilblains which itch, burn and become purple. Parts frozen will, years after, itch, burn, sting and become red and hot. The patient can tell when it will thaw because of the itching in the chilblains. Petroleum cures the itching and burning in frozen parts, but not as prominently as *Agaricus*. *Agaricus* leads all other remedies, especially when the condition affects parts where the tissues are thin over the bones, as over the back of the toes.

Paretic conditions, especially left-sided. Weakness of muscles, weakness of the lower extremities, especially left-sided.

The eruptions on the surface and the state of induration are like *Graphites*, but the oozing in Petroleum is thin and watery, and in *Graphites* it is gluey, honey like, sticky, viscid. You have indurations and cracks of the fingers, and rhagades in both remedies, but the horn-like warty growths, lifting up the quick of the nails, you will find only in *Graphites*.

It is of wonderful use and competes with *Rhus* in eczema of the genitals of either male or female. Eruptions on the scrotum, penis, vulva. *Rhus* produces violent inflammation of the skin of the genitals in male and female; erysipelatous inflammation;

nodules, vesicles and *large* blebs. Petroleum produces *small* vesicles which itch, sting and burn. Herpetic eruptions which tend to become erysipelatous. Petroleum and *Rhus* are the most common remedies for these eruptions, for eruptions on the scrotum and genitals. "Herpetic itching, redness and moisture on scrotum; skin cracked, rough and bleeding; extending to perinæum and thighs." "Obstinate dry eruptions on genitals and perinæum." "Sweat and moisture of external genitals of both sexes."

Scurfy nipples; white, bran-like scurf; itching; always peeling off. If the woman is in run-down health then the nipples inflame and become over-sensitive to the touch of clothing.

Very sensitive to change of weather, like *Phos.* and *Rhod.*; aggravated before a thunder storm. Often sensitive to air and cold. Lean, emaciated subjects; threatening consumption. Eruptions disappear of themselves or are suppressed. Hands and feet burn; wants the palms and soles out of bed. Don't be too sure of *Sulphur* because the soles burn, or too sure of *Silicea* because the feet sweat. Sweating of single parts. Eruptions in patches. Itching in patches. Coldness in parts. So we see complaints come in single parts. The most striking offensiveness is about the feet and in the axillæ. There are many strange sensations which are peculiar and striking. Study closely the skin symptoms and compare with *Graphites* and *Sulphur*.

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## PHYTOLACCA.

(POKE ROOT).

This is a very imperfectly proved remedy, and it is only possible to present fragments of it. The mental symptoms have not been brought out to any extent, but the remedy has some striking features. Much of what I will say will be from clinical experience.

You will be astonished at the resemblance of this drug to *Mercury*, and in its use it has been demonstrated that it is an antidote to *Mercury*. In those old lingering mercurial bone pains, where the person had been salivated; the pains come on at night from the

warmth of the bed; the body aches; a chronic, sore, bruised state; soreness of the periosteum where the flesh is thin, over the tibiæ; joints; soreness of the muscles; drawing and cramping; drawing in the muscles of the back; backache, worse at night; worse in bed from the warmth of the bed; the patient suffers from these symptoms in cold, damp weather, as in *Mercury*. Tendency to ulceration also, as in *Mercury*, hence its usefulness in syphilis; old, chronic, syphilitic ulcers; the patient has been salivated; had *Mercury* rubbed in; they became saturated with it, but it no longer helps. Ulcers in the throat; on the skin; on mucous membranes anywhere.

Spasmodic conditions; drawing in the muscles; this may extend to violent spasms; opisthotonos; sometimes the cervical region is affected and the head is drawn back; jerking and twitching of the muscles.

Phytolacca is decidedly a *glandular* medicine. The glands become inflamed and hard. It produces violent sore throats, with inflammation of the glands of the neck, particularly the submaxillary and parotid. Inflammation of the throat with the accumulation of thick, tenacious mucus; tumefaction; swelling of the tonsils. High grade inflammation like erysipelas.

Aggravation at night, on cold days, in a cold room, and from the heat of the bed; so that there is a controversy between heat and cold.

It seems that the whole of the remedy centers in the *mammary glands*. Soreness and lumps in the breasts from each cold, damp spell; becomes chilled and a sore breast results; sore breast in connection with the menses; a nursing woman is exposed to the cold, the breast inflames and the milk becomes stringy and hangs down from the nipple; coagulated milk. This comes out in the proving, but poke root has been extensively used by cattle raisers when the cow's milk became thick and there were lumps in the bag, and when the condition was brought on from the cow standing out in the rain.

Almost any excitement centers in the mammary gland; fear or an accident; lumps form, pains, heat, swelling, tumefaction, even violent inflammation and suppuration. No other remedy in the *Materia Medica* centers so in the mammary gland. *Mercury* is

similar: when the patient takes cold the glands become sore. If every tribulation makes the glands sore in a nursing woman, give her Phytolacca. When a mother says she has no milk, or that the milk is scanty, thick, unhealthy; dries up soon; Phytolacca becomes then a constitutional remedy if there are no contra-indicating symptoms. The breast is so sore that, when she nurses the child, she almost goes into spasms, with the pain extending down the back and limbs and all over the body.

*Diphtheria.* In certain epidemics: great tumefaction of the throat; swelling of the glands of the neck, parotid and sub-maxillary; dreadful aching in the bones; fetor from the mouth, with heavily coated tongue; great aching in the back; nose bleed; soreness of the muscles. Analogous to *Mercury*, not only the *cyanide* but *Mercurius*; they are closely related in diphtheria. At times in diphtheria we can only obtain the fetor, loaded tongue, exudation; swollen glands and stiff neck. This looks like *Mercurius* or one of the *Mercuries*. The *Protoiodide* is *right sided*, and stays there or may go to the left side. The *Binioidide* goes from *left to right*. The *Merc. cyanide* has a thick, green membranous cast, extending from the nose to the throat. In Phytolacca we have many features of Mercury.

*Syphilis.* It has cured syphilitic nodes on the skull and shin bones.

Full of eruptions of all sorts. "Squamous eruptions; pityriasis, psoriasis." "Ringworm; herpes circinnatus." "Barber's itch." "Rash on body; measles; scarlet eruption all over body." It is not surprising that it cures scarlatina, as it has this scarlet rash, the sore throat and glandular involvement.

It has the ability to delay the formation of malignant growths, especially in the breast; glandular tumors that become hard and scirrhus. Until this remedy was known there was but one remedy for old cicatrices in the mammary gland. Women who, when confined years before, had abscesses of the breast which were poulticed and lanced had a cicatrix left, and now in the present confinement they have all sorts of trouble; inflammation in the old cicatrices; ulceration which eats off the lacteal glands or turns the ducts aside and twists them; high inflammation; throbbing and pain; milk bloody. *Graphites* was the old routine

remedy, but Phytolacca is a better remedy and suits the general concomitants better. The symptoms usually found in an inflamed breast after confinement are: Aching in the back and bone pains; fever and shivering. Phytolacca has this and falls into the very nature of the case. *Graphites* has it only in a limited way. If there is high fever; congestion to the head; throbbing carotids; much redness, and the redness radiates from the nipple, *Belladonna* is the remedy. When the entire gland is as heavy as a stone, and as hard as a rock, and the patient is sensitive to motion and touch, *Bryonia*. *Mercury* when the general symptoms agree. *Hepar* and *Silicea* after suppuration is inevitable, especially when the only comfort is obtained from heat. *Hepar* when there is extreme pain and soreness, irritability and this relief from heat; it limits the extent of the suppuration and opens the part without pain.

The most distressing, lingering, inveterate, old catarrhs with destruction of the bones of the nose. "Total obstruction of the nose; when riding, must breathe through the mouth." "Coryza and cough, with redness of eyes and lachrymation; photophobia; feeling of sand in the eyes, with soreness and burning." "Syphilitic ozæna, with bloody, sanious discharge and disease of bone." "Noli me tangere and cancerous affections of nose."

It is somewhat like *Graphites*, in that it seeks out fissures to establish inflammation, induration and eruptions. Where the circulation is feeble it has the tendency to establish induration.

"Face sunken, pale, hippocratic; blue around eyes; yellowish complexion; looking blue and suffering." "Pains in bones of head and face at night." "Swelling around left ear and side of face like erysipelas; thence over scalp; very painful." "Lips everted and firm. Tetanus." "Ulcers on lips." "Parotid and submaxillary glands swollen." "Tongue thickly coated on back; coated yellow and dry." This is found in all acute complaints and is like *Mercury*. Phytolacca holds a reputation among the Eclectics, and in their results we see a shadow of its homœopathic action. In Cincinnati they used three drops in a tumbler of water and gave it for ulcers in the mouth. It was a standard remedy with them and they made some homœopathic cures. "Ulcerated sore mouth." Syphilitic ulcers find a curative remedy in Phytolacca when the symptoms agree.

There are several pages in the *Guiding Symptoms* showing homœopathic cures of the throat; diphtheria; sore throat; inflamed glands; aching bones worse at night; violent cases, with difficult swallowing, pains in the tonsils, enlarged tonsils; tendency to slough. Syphilitic and mercurial sore throats. The sore throats are often aggravated from warm drinks; he wants cool things; and there is an aggravation at night. Here is a summary: "Diphtheria; sick and dizzy when trying to sit up; frontal headache; pains shooting from throat into ears, especially on trying to swallow; face flushed; tongue much coated, protruded; thickly coated at back, fiery red at tip; breath fetid, putrid; vomiting; difficulty of swallowing; tonsils swollen, covered with membrane, first upon left; three or four patches; tonsils, uvula and back part of throat covered with ash-colored exudation, etc."

Old gout and rheumatism of the limbs; in acute rheumatism which is prolonged, worse at night, worse from the warmth of the bed, worse from warm applications. Gouty rheumatism; syphilitic cases; pains as if in the bones. "Sharp cutting pains in hip, drawing; legs drawn up; cannot touch floor." "Syphilitic and gonorrhœal sciaticas, etc." "Ulcers and nodes on the legs."

A certain class of physicians used to call *Podophyllum* "vegetable Mercury." This remedy ought to be called "vegetable Mercury" because it is so full of symptoms analogous to *Mercury*.

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### SABADILLA.

The Sabadilla patient is a shivering patient, sensitive to a cold atmosphere, to the cold air, a cold room, cold food. He wants to be well wrapped up; wants hot drinks to warm up his stomach. He is subject to catarrhal conditions, and in these he wants hot air. The catarrhal conditions of the throat require hot drinks and food. Warm things are grateful to him. It is difficult to swallow cold things; they increase the pain and difficulty in swallowing.

We often study remedies by contrast. This remedy travels from *left* to *right*, and at once a good prescriber connects it with

*Lachesis*. The soreness, pain and inflammatory conditions of the throat commence on the left side and spread to the right in both Sabadilla and *Lachesis*. But warm things aggravate the pain in *Lachesis*; they cause a spasmodic condition, with a sensation of choking, and therefore he wants cold things which relieve; they are swallowed more easily and ameliorate the pain in the throat. Sabadilla on the other hand is relieved by heat either outside or inside.

Catarrhal conditions of the nose, with constant sneezing; sensation of great rawness in the nose; burning; stuffing up of the nose. Discharge at first of thin mucus and later thick mucus. It has all the appearance of a coryza. The coryza is ameliorated from inhaling hot air. He sits before an open grate or register, with the head close to it, inhaling the hot air. Especially useful when the catarrhal state of the nose is prolonged; a prolonged coryza, which does not yield to the ordinary medicine; a lingering coryza, and the discharge is exaggerated by the odor of flowers. Even thinking of the odor of flowers makes him sneeze, and increases the flow from the nose. So thinking of various things aggravates his complaints.

Many hay fever patients are sensitive to the odor of flowers, to the odor of the hay field, to dying vegetable matter; so over-sensitive to the odor of fruit are some that apples have to be removed from the house. Inhalation of odors that are beautiful, as that of the lavender, some hay fever patients can't tolerate; such things may bring on an attack out of the season. Now Sabadilla is of this sort. Over-sensitive to surroundings, to odors; these increase the catarrhal state of the throat and posterior nares. Sneezing and a flow of serum and mucus from the nose; goes on even to ulceration. Periodic attacks; a rose cold in June; in autumn about August 20 as a hay fever. Hay fever is often an easy thing to palliate with short acting remedies; they will cut short an attack in a few days. But the cure requires years, and the patient must be treated in the interim and according to his symptoms. When the hay fever symptoms are present he has no others; one group is manifested at one time, and another group at another time. But the patient is sick, and all the symptoms must be gathered together and the case treated accordingly.

Many of the annoyances of this individual seem to be imaginary. His mind is filled with strange things. Imaginations concerning persons or himself are strange. Imagines the body is withering, that the limbs are crooked, that the chin is elongated, and larger on one side than the other. She feels that this is so and believes it even in spite of her vision. It is a sensation which she believes, a delusion, an insanity. "Erroneous impressions as to the state of his body." "Imagines himself sick; imagines parts shrunk; that she is pregnant when she is merely swollen from flatus; that she has some horrible throat disease that will end fatally." The imaginations are groundless; nothing is visible, and the suffering is greater than if there was something to be seen. These patients often get no sympathy; they should really have a remedy. *Thuja* has erroneous impressions as to the state of the body; thinks she is made of glass; the idea is not that of transparency, but rather of brittleness, fears that she would fly to pieces. There are but a few remedies which have fixed ideas; these ideas may be concerning politics, religion, clothing, things of the family and life. I once had an insane patient who would get out of the street car if anyone entered who wore a certain color, because she had a fixed idea that this was of evil import to her. The *Pulsatilla* mental state in a man is that a woman would be a detriment to his soul; it is a delusion, a fixed idea. *Iodine* is full of fixed ideas. *Anacardium* has a fixed idea that a devil is sitting on one shoulder talking into his ear, while an angel sits on the other shoulder talking into the other ear, and he halts between the two and says nothing.

"Delirium during intermittents" "Mental exertion aggravates the headache and produces sleep." A sleepiness comes on from thinking, meditating, reading. While meditating in a chair he falls asleep like *Nux moschata* and *Phosphoric acid*.

Dizziness; vertigo. He awakens up at night with vertigo. Vertigo in the open air; under all sorts of circumstances. Full of headaches. Headaches on one side of the head. The meditation which drives him to sleep brings on headache. Headache in school girls. Feeble children, who have to be taken from school because of headache, come home with strange imaginations concerning school and themselves. Headache stupefying and as-



sociated with coryza; in the frontal sinuses, above the eyes. Fullness, bursting, stupefying, aggravated by jarring, sneezing, walking. Stupefying headache with coryza. Often gets up with it in the morning, increases during the forenoon. Head covered with a cold sweat. Many of the symptoms are closely related to *Veratrum*, especially in the cold sweat on the forehead with complaints.

*Hay fever* when there is spasmodic sneezing, fluent coryza; nostrils stuffed up; inspirations through nose labored; snoring; itching in the nose; profuse bleeding from the nose; bright red blood comes from the posterior nares and is expectorated; very sensitive to the smell of garlic; coryza with severe frontal pains and redness of eyelids; violent sneezing; copious watery discharge from nose.

A peculiar kind of itching coming on in some hay fevers is an itching in the roof of the mouth, on the soft palate, and for relief the patient must draw the tongue back and forth over the soft palate, with this coryza, sneezing, etc. *Wyethia* will cut the attack short.

When the itching extends to the larynx and trachea, with great irritability and sensitiveness to cold: *Nux vomica*.

When the discharge burns a red streak over the upper lip and about the wings of the nose, with sneezing and profuse, watery nasal discharge: *Arsenicum*.

Copious acrid lachrymation, and copious bland flow from the nose with sneezing: *Euphrasia*.

Copious, bland, watery discharge from the eyes and copious, acrid, watery discharge from the nose: *Allium cepa*.

But these are not the constitutional remedies; they do not cure, but only palliate during the severe attacks. These symptoms are the outcome of the psoric constitution, and this constitution must be treated by anti-psorics. Sometimes the hay fever is so severe that it seems to be the only manifestation of psora in the patient, but if it is dammed back or stopped up by bad treatment he is not well during the whole year. If let alone he has good health during the rest of the year. Many a time the hay fever goes through the whole winter, and only by constitutional up-building can it be mitigated. But with constitutional treatment

each yearly attack is lighter, and at the end of treatment he is able to live in his own climate unaffected. He must not go to the mountains to mitigate it. If to any place, he should go where the affection would be worse, so that all its manifestations would be apparent. The hay fever will only be cured if *the patient* is curable, but if not, if his constitution is so broken down that *he* is incurable, his hay fever will not be cured.

The most striking place of attack is the mucous membrane of the nose, throat, trachea and larynx. Violent acute inflammation of the mucous membrane of these parts.

Great thirst for hot drinks. The appetite is singular; it is commonly seen in pregnant women. She says she is never hungry; never wants anything to eat, and often there is an aversion to food; but when, from a matter of reason, she concludes to eat, and she takes a mouthful, it tastes good, it recalls the appetite, and she makes a good meal. At other times not only a loss of appetite, but a disgust and loathing to food. "Disgust for all food; for meat; for sour things; for coffee; for garlic." "Morbid hunger or loathing of food."

A routine remedy in pin worms, seat worms, all sorts of worms; stomach and tape worms. A careful prescriber never thinks of prescribing for worms. He takes all the symptoms of the patient, and these guide him to the remedy. I remember one time in a lady's house seeing a dog drag his hinder parts over the carpet as if to scratch the anus. She said: "Doctor, can't you give the dog a remedy?" I put a dose of Sabadilla in its mouth. Some time afterwards she asked me: "Doctor, what did you give the dog that medicine for?" I inquired why she asked. "Why," she said, "in a few days it passed an awful lot of worms." *Sabadilla* and *Sinapis*, especially *Sinapis nigra*, are well adapted to cases in which pin worms are present. Often a remedy restores the patient to order in general and then all his particular parts are set in order.

Female sexual organs. "Nymphomania from ascarides." "Cutting pains, as from knives, in ovary." "Menses; too late, with painful bearing down a few days previous; decreased, flow by fits and starts, sometimes stronger, sometimes weaker; blood bright red."

Hysterical patients; a patient with a strangely unbalanced mind, accompanied by various nervous manifestations. "Twitchings, convulsive tremblings, or catalepsy from worms." It is true that worms will not prosper in a perfectly healthy stomach, intestine or rectum. They can only thrive in the unhealthy. Many a time I have had a patient bring me a tape worm in a bottle after I had put them on an antipsoric, even when I did not suspect its existence. Turn the economy into order and the parasites go. The same applies to germs. They only exist as a result of disease. They have never been known to exist without the disease having first existed. If you ignore the worm, pay no attention to it, but select the remedy on the totality of the symptoms, the patients will be restored to health, and, so far as the worm is concerned, go without a symptom. The worm becomes smaller, shrivels, and finally departs. It is rarely the case for the worm to disappear inside of six weeks after the remedy. If on the other hand you eject the worm by violent means the patient may go for years with troublesome symptoms and you don't know why you can't cure him.

Prescribe for the patient first. No results of disease should be removed until proper constitutional treatment has been resorted to, and be sure that it is proper.

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SCHRANKIA UNCINATA.

SENSITIVE BRIER.

LEGUMINOSA (Pulse family).

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By W. A. YINGLING, M. D., Emporia, Kansas.

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"Flowers polygamous, regular. Calyx minute, 5-toothed. Petals united into a funnel-form 5-clept cerolla. Stamens 10-12, distinct, or the filaments united at base. Pods long and narrow, rough-prickly, several seeded, 4 valved, *i. e.*, the two narrow valves separating on each side from a thickened margin. Perennial herbs, nearly related to the Sensitive Plants (*Mimosa*); the precumbent stems and petioles recurved—prickly, with twice-pinnate sensitive leaves of many small leaflets, and axillary peduncles bearing round heads of small rose-colored flowers.

Prickles hooked; pinnæ 4-6 pairs; *leaflets elliptical, reticulated* with strong veins beneath; pods oblong, nearly terete-short-pointed, densely prickly (2' long). Dry, sandy soil, Virginia to Florida, west to S. Illinois, Kansas and Texas."—*Gray's Botany*.

In making the mother tincture I used the whole stock, leaves, fresh flowers, seed and pods, when in full bloom.

The peculiarity of the plant is that by the slightest touch the leaves shrivel up, or contract on themselves, and remain so for several hours; the leaves are very sensitive. To a patient reminding me of this plant, on account of the shrinking, sensitive nature when coming in contact with strangers especially, I gave a dose of the potentized plant with evident effect. Afterward the party seemed to be bolder, less shrinking, better able to control this sensitive nature. The plant will surely become a valuable remedy when properly proven.

I have been able to get but a meagre proving, but give what I have in hope others will assist in bringing out all the virtues this interesting plant contains:

Itching around anus lasting two days (after a dose of 45 m.), with piles protruding when at stool and when walking. Dull headache all over upper part of forehead. Crawling sensation in throat. Frontal headache < morning and evening. A miserable itching all over the body, < on forearm, no eruption, and with a burning itching. (Dr. J. H. Allen.)

ringing in the ears; head feels light. Somnolent state, but when falling into slumber awaking with a start; nerves feel as if they had been shocked. Unusual quietness of nerves when awake. Skin dry and hot (100 potency). Unusual good humor all day (healing). Again repeating 100 potency — ringing of ears as if crickets singing. Sleepy, awaking with a start, almost a shock. Very quiet sexually (healing; usually a strong desire). Rheumatic pains, drawing, tensive, beginning at right hip joint, extending to knee (an old symptom which disappeared later). Rheumatic pains in right lumbar region. (Another case of rheumatic pains about the hips was greatly aggravated, followed by relief.) Has had a nervous pain through eyes as if *drawn upward*, especially when closed at night to sleep, causing sleepless-

ness. (This passed away after Schrankia. Healing). Nasal catarrh has improved (healing). (W. G. Cook.)

"I cannot will my will, nor work my work wholly. At first felt unusually *smart*, then depressed."

Lack of courage and ambition. Lack of mental grip. Not a feeling of mental laziness, but rather of mental paralysis. Desire to work, but no power of application. Feels humiliated and chagrined at being unable to accomplish her work, but not sufficient mental and physical strength to do it. Lack of will power and of power to think. Menses appeared in twenty days from previous period; normal, except as to time. Appearance of fine rash on inner and posterior parts of thighs; itching, relieved by scratching, followed by burning sensation; mostly posterior and upper part of thighs. Feeling of great hunger and goneness at stomach from 11 to 12 A. M. Relieved after eating. Could not compel herself to work till she had eaten. Sensation of trembling in the knees, worse about noon. (Dr. Frances Jackson; 100 potency.)

For the first five days seemed to be greatly exhilarated; then followed a corresponding depression. *Felt tired*; no ambition; no strength. This was especially in the middle of the day. Great effort necessary to get dinner ready. Nodules just under the skin, chiefly in the fingers, near the joints, dorsal surface, a half-inch (?) in diameter, slightly red; itching at first, then were sore; in a day or two a small white speck the size of a pinhead appeared in the center; upon opening a small quantity of pus escaped; gradually subsided, but did not entirely leave for about ten days. These kept coming and disappearing for a month or more. Sensation of trembling in knees as if she could not keep on with her work. (Mrs. B. reported by Dr. Frances Jackson.)

The excessive weakness, hunger and gone feeling in stomach from about 11 to 12 A. M. was marked in both cases.

## PROVING OF JELLY-FISH.

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By E. W. BERRIDGE, M. D., London, England.

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1898. August 6. A lady, when bathing, was stung by a jelly-fish on the front of right arm, near elbow. She first perceived a tingling in the spot like "pins and needles;" then the part became red, swollen, burning and hot to touch. There was also a red spot on front of right forearm near wrist. She also felt a tingling at back of head and in legs, like electricity. For half an hour she felt very ill, and thought she would have to go to bed; felt restless, could not keep still; felt so cross that she could not bear to be spoken to. The symptoms improved in about an hour.

Compare provings of *Physalia pelagica* in Allen's Encyclopedia. I should be glad to have a few pellets of a high potency of this remedy, if any Hahnemannian possesses one; it will probably prove an antidote. There are various species of jelly-fish; those which have a well-defined, transparent, rounded form, without tentacles, are harmless; but if one appears with ill-defined form, long tentacles and only semi-transparent, the bather should treat him with the most *distant* respect.

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INVOLUNTARY PROVING OF RHUS TOX.

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WM. D. YOUNG, M. D., Buffalo, N. Y.

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The following eye symptoms occurred in a woman, aged 50 years, a drug sensitive, who was given one dose of Rhus tox 12 for rheumatic stiffness in the ankle following a Pott's fracture: Redness of the conjunctiva, especially in the morning, with burning; soreness around and in right eye. Difficulty in opening lids in A. M., seemingly from weakness, not from agglutination. Sharp pains running into head. Pain in ball on turning eye. Vision dim and objects look pale. Vision confused in A. M. on awaking, and especially *double*; this last symptom was very marked and occurred every morning on awaking for ten days continuously, then at intervals for two weeks more.

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DEPARTMENT OF HOMŒOPATHICS.

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LECTURES ON HOMŒOPATHIC PHILOSOPHY.

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Delivered by PROF. J. T. KENT, at the Post-Graduate School.\*

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## LECTURE XV.

*Organon* §35 *et seq.*

From these paragraphs we see that there are several kinds of protection from sickness. When a violent epidemic is raging we all know that, although the number of victims is large, they are few compared to those who go through the epidemic unscathed, and the question always arises, why is it? We suppose, and probably rightly so, that a large number of the immune have escaped because they were unusually strong and vigorous, or in a state of very good order. But we find among those who have escaped the epidemic a number of persons who are anything but strong, really invalids, one in consumption, another in the last stages of Bright's disease, another with diabetes. We call them all together and find that none of them have had dysentery or small-pox, or whatever disease was epidemic. They have not been susceptible to the epidemic influences. How are you going to explain this? The reason is that they have a sickness that it is impossible for the epidemic to suppress. The epidemic is allopathic, or dissimilar to their diseases and cannot suppress their disease because of its virulency. Now if they have some mild form of chronic disease, a severe attack of dysentery will cause that disease to disappear temporarily, and the new (epidemic) disease will take hold and run its course, and when it subsides the old symptoms will come back and go on as if they had not been meddled with. This is an illustration of dissimilars, and shows that dissimilars are unable to cure; they can only suppress. If the chronic disease is stronger than the epidemic disease, *i. e.*, if it

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\*Stenographically reported by Dr. S. Mary Ives.

has an organic hold upon the body, it cannot be suppressed. This is essentially the relation of the acute dissimilar disease to the chronic disease of severity.

The relation between chronic dissimilar diseases is somewhat different. For example, a patient is in the earlier stages of Bright's disease, and the symptoms are clear enough to make a diagnosis. He takes syphilis, and at once the kidney disease is held in abeyance, the albumen disappears from the urine and his waxiness is lost. But after a year's careful prescribing the syphilitic state disappears, and very soon the albumen appears again in the urine, the dropsy returns and he dies of an ordinary attack of Bright's disease. It is also true that in cases in which we see two chronic diseases coming together they seem at times to alternate with each other; one seems to be subdued for a time and the other prevails. Under proper homœopathic treatment one will be reduced in its activity and the other chronic disease will show itself. This you will find to be the case when you have to treat syphilis and psora together. The psoric patient who has been suffering from a skin eruption or one of the various forms of psora, takes syphilis. All the psoric manifestations, the nightly itching or the salt rheum, will disappear, and the syphilitic eruption will come and take their place. You will treat the syphilitic manifestations for a while and you will be able to subdue them, and in proportion as the disease is subdued the psoric manifestations will come up again and will hold in abeyance that portion of the syphilitic state which is still uncured. You will then be compelled to drop the anti-syphilitic and take up the anti-psoric treatment, and again the homœopathic remedies will restore apparent order in the economy. But, after this has been done, you will be surprised to see the syphilitic state return in the condition corresponding to its last manifestations. You must then drop the anti-psoric treatment and resume the anti-syphilitic. Thus they alternate; when you weaken one, the stronger comes up. The uncomplicated syphilitic eruption does not itch; but the psoric eruption as a rule is an itching eruption, and this will be seen in the alternation of the two diseases. If the patient is given proper treatment his condition will be simplified, but if given old school treatment it will become very complicated. The



two miasms will unite and form a complexity, which is a most vicious state of affairs; then the syphilitic eruptions, while they have all the appearance of syphilis, will itch as if they were psoric eruptions. Mercury in large doses is capable of bringing about such a result. Proper homœopathic treatment causes a separation, while inappropriate treatment produces complication, and you will never see one improve where homœopathic remedies have caused the tying up of the combination. Again, if we observe a case with a chronic malarial diathesis, which has existed so long that it has complicated itself with psora, we will see after the quinine has been antidoted that the chills and fever will come back in their original form. Here you see an evidence of the separation which homœopathy always tends to bring about. The malarial state is now brought into observation for the purpose of cure. It cannot be cured when complicated, for the remedy cannot be clear that will be similar enough to both to wipe them out. The first prescription antidotes the drug and liberates the patient from the drug disease, and then you see the most acute or last appearing natural disease which comes back first. This is in accordance with fixed law; the last miasm or the last symptoms that have been made to disappear will be the first to return and go away to appear no more.

In § 36 another thought comes up: "Thus non-homœopathic treatment, which is not violent, leaves the chronic disease unaltered." To suppress, there is required a state of violence to be brought about upon the body; one must do violence to the economy by enormous dosing, tremendous physic, much sweating, blood-letting, etc., such as was done in olden times. Such treatment tends to subdue or suppress disease for the time being; but when the violence has subsided and the rough treatment is removed then the symptoms come back, but in a more disturbed state than before. The more violent the drug disease that can be established upon the body the greater the changes in the chronic disease. Violent treatment alters the nature of the chronic disease. A new and more intense disease suspends a prior dissimilar one existing in the body; similarly, just so long as the effect of quinine continues, so long will it suppress and hold in abeyance the disease to which it is dissimilar. Quinine is

capable of engrafting upon the economy its own disease form, which will last for years and may not stop until it has been antidoted by a medicine similar to its symptoms. But if it is antidoted, that malarial disease which it suppressed will appear in its original form and the patient will say: "These are just the symptoms I had in the first place when I was cured by the late Dr. so-and-so; he cured me with Peruvian bark." That story is so common that any homœopathic physician who has been doing sound prescribing for years has lots of records of just such cases. The malaria was subdued only because the quinine was capable of producing a more violent disease than malaria. Arsenicum is capable of doing the same thing; it can engraft upon the economy a dangerous disease that will result in very serious conditions, because the Arsenicum will complicate itself with psora. In some cases we have a complexity of horrible things, like one built upon another, and when this is so, in treating them, the last group which was removed will appear first which shows that the remedy has done its work, and we then go on to the next, and so on, the different groups sometimes appearing one after another in distinct form. They must disappear in the reverse order of their coming, as if put on in layers, one piled upon another.

From all this we see how it is possible for two different diseases to occupy, as it were, two different corners of the economy, one manifesting itself while the other is subdued, and we also see how they may exist in a state of complexity; in the first instance they do not combine, in the other they do and become complex. We also see the propriety and use of observing what treatment has been administered to the patient. It is not always possible to do this, and it is impossible to know whether each one of these drugs has established its own disease. Not every drug that is administered is capable of establishing a disease. It is always prudent, when symptoms are only partially developed, and when the drug which caused the suppression of symptoms is known, to include the antidotal relation to the drug with the rest of the symptoms; that is to say, select a drug which has a well-known antidotal relation to the drug that caused the suppression of the symptoms, providing it is also the most similar of all drugs to the few symptoms that are present. In that way we make as much

of similitude as is possible. The similar remedy is most likely of all others to antidote that drug. Do not be led aside to administer right away the drug that caused the trouble. The principle of *Similia* is first.

§ 43. Totally different, however, is the result when *two similar* diseases meet together in the organism; that is to say, when to the disease already present a stronger similar one is added. In such cases we see how a cure can be effected by the operations of nature, and we get a lesson as to how man ought to cure.

Then a real conjunction takes place, a union, as it were, a marriage, which results in the disappearance of old things and new things come and exist in a state of order.

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## THE LAW OF POTENCY EXEMPLIFIED.

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M. F. UNDERWOOD, M. D., San Francisco, Cal.

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The greatest secret Hahnemann has discovered to us is the releasing of the inherent force of matter called by himself the dynamis or spirit-like power. This force (as all other forces) lies above the plane of physics and chemics.

The student who gives matter a quality called force and considers the force as matter itself can never become a faithful and successful disciple of the "healing art." I have often been asked the question, how can these attenuated doses cure the sick, or how is it possible to prove the existence of this force, in your medicine, you call its dynamis?

Is this question easily answered? Let us see if it is not a very easy and simple task by comparisons. All force is invisible, imponderable and immeasurable. Take, for example, first the electric current. In the zinc and carbon plates is the force all stored away by nature. The force of those plates measured by their weight is insignificant, but let their substance become attenuated under proper conditions and a force is set free many thousand times greater than the mere weight of the metal. Can you see, comprehend or measure this spirit-like force called electricity? this wonderful and useful force so common in our midst? What boy ten years old would think of doubting the ex-

istence of this force after once having felt its force from a battery or seen its effects in the propulsion of the trolley car or its lustre in the arc lamp?

*Second.*—How about water? A pint of water weighs about a pound, an insignificant force thus far. But suppose we attenuate it to say two hundred times its original bulk by the application of heat. If it is properly confined a force will be liberated sufficient to move a locomotive several feet. Take this attenuated water (now called steam) and pass it in a very fine jet through a small tube which is heated to nearly melting, and if you could by any known means confine and utilize it there would be sufficient force liberated to carry a train of cars from San Francisco to New York.

Can you see, comprehend or measure this wonderful force? How was it obtained? By potentizing or attenuating the water. Again, another illustration from water: In its crude state, say at  $32^{\circ}$  F., it is a very useful article, also very harmless, and by its own weight will propel machinery if in sufficient quantity and given the proper fall. But if a little heat is applied to it there is another force released which works just opposite to the force operative at  $32^{\circ}$  F., viz., levity; and this opposite force is in the opposite direction also, viz., upward. What causes the change? Attenuation. Potentizing.

*Third.*—Gold is a very dense substance and its force of gravity or weight is among the greatest. A particle of this gold, when properly attenuated, takes its course upward instead of downward, as before. Why?

*Fourth.*—In the moral nature of a man there is also this point of balance between the downward and the upward tendency. How often we hear the expression: This or that one is going down or rising, as the case may be, and why? As he goes down and down do we not say that he becomes more gross (in quality), and as he ascends above the midway level do we not say that his nature is becoming finer and finer? Why?

When Paul of the Bible was speaking on this line he made a wonderful statement that was indeed a prophecy of the healing art. It was this: "*The letter kills, but the spirit maketh alive.*"

Every material thing has within it a spirit-like force peculiar to itself, and this force applied to the healing of the sick (man) is

Homœopathy. This left out of our conception and application of our divine art and it is nil. It is this that distinguishes it from all other sciences and makes it so wonderfully true.

A drug, say Arsenicum, in its crude form in a very small quantity will destroy the life of an individual; but if this same grain of the drug were so attenuated as to liberate the life-giving soul of the beneficent drug it will restore to health many, many thousands of the sick if properly administered. There is a point where the destructive and healing (or downward and upward) forces of the drug are at about a balance. Shall we linger around this point of neutrality or ascend to the realm of mighty forces to meet mighty needs.

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#### MONUMENT TO HAHNEMANN.

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N. E. COR. 18TH AND GREEN STREETS,  
PHILADELPHIA, PA., Sept. 16th, 1898.

To the Homœopathic Profession and the Patrons of Homœopathy in the United States.

The last International Homœopathic Medical Congress, held in London in 1896, decided to erect a memorial tablet or statue over the remains of the late Dr. Samuel Hahnemann, and accordingly appointed a commission of five to solicit funds for the same.

As the American representative of the Commission appointed by that Congress, I hereby solicit such voluntary offerings as you desire to contribute toward this object, in memory of the illustrious founder of Homœopathy.

The funds are now being contributed, and I would be glad to have all who feel inclined to aid in this matter send in their subscriptions at an early day, either to me or direct to the secretary, Dr. Francois Cartier, 18 Rue Vignon, Paris, France.

The adornment of the tomb will depend on the amount of cash received and the Commission desires to proceed at once with the work in order that it may be finished before the session of the next Homœopathic Medical Congress, in Paris, in 1900.

Fraternally and sincerely yours,

BUSHROD W. JAMES, M. D.

## DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the *Organon*.

## A CASE OF ANÆMIA.

H. FARRINGTON, M. D., Philadelphia, Pa.

1896.

Gertrude H——, age 16.

Nov. 9. Brown hair, blue eyes, face very pale, ears and lips almost white.

Has never been well; has taken much Iron and Quinine. Subject to headaches two or three times a month.

Violent throbbing pain in right temple, which seems to extend to occiput, down the right trapezius, and into the right eye, which looks bloodshot.

Begins sometimes at four and sometimes at 11 A. M.—less severe at mid-day, < again from 4 to 8 P. M..

< from slighted noise, jarring even of footsteps on the floor; light; cool air.

> lying quiet in a dark place, keeping the head warm. Scalp gradually becomes sore to touch on right side and bones feel as if shattered.

May be accompanied by vertigo and fainting.

Menses too early or too late.

Dark thick, scanty.

Headache before and during the flow.

Backache as if broken; < while stooping.

Heat and surging of blood to the forehead, and top of head.

Menses absent for four months last year, returned after taking Lydia Pinkham's Pills.

Bloating and sensation of fullness after eating, and shortly after rising in the morning.

Relieved by belching up tasteless wind.

Waterbrash after eating.

Nausea after eating or drinking water.

Craves salt—eats it from the salt box.

Fond of sweet and sour things.

Rich foods, fats, milk and cabbage disagree.

Urination profuse, frequent, at times involuntary.

Urine throws down a chalky, adherent sediment, and is of strong odor.

Cramps in calves and soles of feet at night.

Feet cold and sweaty.

Disposition—has a quick temper, dislikes society, often very melancholy.

Heavy pain in right hypochondrium at times with jaundice.

Fingernails never grow; frequently there is soreness on their edges.

Nervousness—starts at sudden noises; gets “flustered,” if hurried; feels weak and dizzy a whole day before going anywhere in the train; hands tremble; will drop things if attention is not fixed.

Has had much malaria—“Took Quinine till she was dizzy.”

Chill with vomiting, weakness, vertigo, only on attempting to rise—

Followed by fever with thirst for small drinks of hot lemonade; chilliness on uncovering.

Sweat scanty or absent.

Leucorrhœa for two years.

Thick white or yellow, acrid, < before menses.

< cold; sensitive to cold air.

> heat.

Dec. 26.

*Silica* 6 m., one dose.

1897.

Jan. 20. All symptoms, < for a week after remedy.

- Headache nearly every day for a week.  
 Leucorrhœa, < for a week.  
 Feeling much better since January 3d.
- S. L.* Feet very cold.
- Feb. 4. Stronger.  
 Appetite >.  
 Nausea only once.  
 Less nervous.  
 Sleep >.
- S. L.* Leucorrhœa more profuse but thinner.
- March 25. Still improving.  
 Gaining flesh rapidly.  
 Color of face almost normal.  
 Menses returned after 8th after an absence of five months. Only a trace of headache before the flow.
- S. L.* Leucorrhœa very scanty and watery.
- May 23. Feeling remarkably well.

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### CLINICAL CASES.

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LINNÆUS A. SMITH, M.D., Philadelphia, Pa, now of Kingston, Jamaica.

I. MRS. G.; age, thirty-five; mother of five children; has had malaria off and on for fourteen years.

1896.

- January 28. Chill comes every thaw and warm spell in winter, or spring. Chill commences in the back, goes up to the head. Generally better in warm room. In summer red lips.
- Headache better from hard pressure. Head throbbing, sometimes a dull ache.
- Hæmorrhage from throat, blood light red, throat raw, gurgling in throat, salty taste.
- Constipated.
- Menses irregular, profuse and dark.
- Leucorrhœa dark yellow.
- S. L.* three times a day.



February 7. Cough at nights, worse when it thaws, better in clear, cold weather, worse in damp weather.

Wants air.

Wants the neck warmly covered.

Fever 2-3 P. M.

Better sitting. Fond of eggs. Cold, moist feet.

*Calc. c.* 6 m, one dose and S. L. three times a day.

September 8. Reported well. Gained eight pounds this summer. I feel the best I have for fourteen years.

## II. LINDA D.; age, four years.

1896.

May 4. Wets the bed at night, has frequent desire to urinate during the day.

Urine burns, smarts and excoriates.

Stains brown.

Worse from heat.

Incontinence, with tenesmus.

Tonsils enlarged.

Drinks much.

Better out of doors.

*Nat. mur.* 200, one dose, and S. L. three times a day.

September 10. Mother reports cured.

## III. ANNA W.; age, forty-six; widow; dressmaker.

1896.

January 27. Leucorrhœa, white, thick, excoriating, worse standing.

Pains in the small of the back, dragging, bearing down.

Pains across the hips.

Burning, smarting on urinating, with great tenesmus; sharp, cutting pains in the urethra.

Pains in the eyes, across the forehead.

Better in the cold weather, open air; drinks much.

*Nat. mur.* 200, one dose dry on the tongue, and S. L. three times a day.

February 1. Better every way. Has prolapsus uteri; relieved lying down.

S. L. three times a day.

February 5. Better. Diarrhœa. Has frontal headache.

Pain in the coccyx.

S. L. three times a day.

February 12. Leucorrhœa. Prolapsus better. Pain in the coccyx.

S. L. three times a day.

February 27. Pains came back last week.

Smarting, constant desire to make water. Bearing down.

Rheumatism in both knees.

*Nat. mur.* 200, one dose, and S. L. three times a day.

March 6. Was worse. Now better. Standing painful.

Prolapsus uteri.

S. L. three times a day.

September 25. Reported cured.

IV. MARY H.; æge, forty-one; mother; married.

1896.

June 1. Pain in the small of the back.

While urinating has a burning, smarting, with excoriating and great tenesmus.

Leucorrhœa, white, thick. Feet burn. Better lying down. Better in the cool, open air; bewildered, forgetful. Drinks much water. Music annoys her.

*Nat. mur.* 200 and S. L. every three hours.

June 4. Better. Worse while on the feet. When carrying things she lets them fall.

S. L. every three hours.

June 11. Worse for two days. Urine burns. Constant desire to make water. Burning and itching in the vagina.

Incontinence when coughing.

Better lying down.

*Nat. mur.* 200 and S. L. every three hours.

June 13. Better. Not so much burning.

S. L. every three hours.

June 16. Not so well. Greasy cuticle on urine.

S. L. three times a day.

September. Reports well.

V. MAUD C.; age, ten years.

1894.

August 15. Emaciated, pale, sickly, whitish-yellow, cross, selfish irritable; eats candy, cakes, bread and butter. Drinks tea, coffee.

Restless at night, with enuresis.

Had a circular eruption on right side of the neck; coppery color, with itching, size of a silver dollar.

*Tuberc.* c.m. followed with S. L. for six weeks. Cured.

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### CLINICAL CASE.

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GEO. MUSSON, JR., M. D., Chatham, Ontario

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A. H., æt. 14 years—dark, female. Two years previously had a very severe attack of typhoid fever; since then she had perfect anæsthesia of the left lower limb, from the upper two-thirds of the thigh down. Nothing would affect it—you could stick pins all over the leg or apply boiling water, she would not feel it.

When I saw her she was suffering from chorea; her general symptoms led me to prescribe Hyoscyamus, which I gave in the 200th potency. A couple of weeks later she got one dose of the c.m. (and placebo). In one month (the chorea having improved at once) the left limb had *entirely recovered* its sensibility and she could feel the touch of a straw at any point. Needless to mention the joy of the patient.

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### CLINICAL CASE.

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WM. D. YOUNG, M. D., Buffalo, N. Y.

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Woman, aged 52 years, dark hair and eyes, of medium build, widow.

Twelve years ago contracted gonorrhœa from her husband, which was never treated and gradually ceased to trouble her. Two years later was taken with rheumatic stiffness and pain in right knee, probably of gonorrhœal origin. She has had pain, stiffness and difficulty in walking a good deal of the time since.

She now, Jan. 21st, has "severe" pain (no other description could be gotten) in this right knee, swelling and contraction of the tendons on back of that knee so badly that it prevents her from putting foot to floor to walk. Her pains are < in the evening before midnight, and better in the kitchen by the stove, nevertheless she is chilly a good share of the time. Her food bothers her, by belchings, tasting of the food, especially after fat food. Puls. 1000, Skinner, two powders at intervals of 2 hours, then S. L.

January 26. The contraction is much better. Pains are also much better. She is less sensitive to cold. Her stomach symptoms are worse; they are the same as before, but aggravated.

S. L.

January 30. She came to the office walking very well, with hardly any limping. She is better with regard to contraction and pain. She had been unable to walk before the first dose of medicine.

S. L.

February 12. Leg about the same as last time. Stomach a bit better.

*Puls.* 1000, Skinner, one dose.

February 18.—Leg much better. Swelling all gone and she walks easily. Her stomach is acid; sour eructations about midnight, not at other times. Gave for the latter *Calc. carb.* 3x, three doses at intervals of three hours, giving it very low so not to disturb the deeply acting *Puls.*

February 24. Stomach much better. The leg has improved none since last time.

*Puls.* c.m., Skinner, 2 doses at 2 hour intervals.

March 2. Much improved. Leg can be extended perfectly straight. No pain at all. Walks with perfect ease. Her stomach has not troubled her.

Here the patient was lost track of for some months, but has reported since that she is perfectly well, the last medicine being all she needed.

This case was, without doubt, in my mind, one of gonorrhœal rheumatism, and, as recorded, of many years' standing. It is one of several I have seen respond at once to *Puls.* in potencies. The general symptoms were *Puls.* clearly; the local symptoms and temperament were not very characteristic of that remedy, however.

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### CLINICAL CASES.

F. H. LUTZE, M. D., Brooklyn, N. Y.

[Extracts from the recently published work, *Facial and Sciatic Neuralgias*, by Dr. Lutze.]

I. Mr. S., a tailor, called November 14, 1897, to be treated for rheumatism (?) The pains appeared three weeks ago in lower part of back (sacrum), thence extended gradually down the back of the left thigh and leg, are very severe now, shooting downward lightning-like, and produce cramping pains in the calf. They are accompanied with a sticking, pressing, burning pain in the stomach; nausea and vomiting, which is worse after eating or drinking coffee or water. Water is vomited immediately after drinking, and, though he is very thirsty, he drinks on this account but little, yet often. He has no appetite, the smell or sight of food nauseates. Eating or drinking increases the burning in stomach; pains in lumbar region are aggravated from a misstep. He is restless, must walk about, and the pains in the leg are relieved from walking and warmth. The face is pale and emaciated; he is worse in general about 1 A. M.; has taken no medicine of any kind.

*Ars.* 41 m., one powder dry, relieved pains instantly, and made him feel very hungry. But the sufferings returned after a few hours as severe as before, but were now more of a shifting character, alternately in the back, leg and stomach.

November 18th he gave me the following additional symptom, which he had forgotten to mention before: the pain in the back is much worse on rising from a chair.

He received *Cocculus Indicus*, a powder to be dissolved in six teaspoonfuls of water, to take one every two hours.

He improved with the first dose, continued to do so slowly but

steadily, and on November 21st was completely restored, after taking but three powders.

II. W. T. L., æt. 26, clerk in a lawyer's office, suffered from neuralgia over the right eye and in right temple, extended up to vertex. The pains were intermittent, came at irregular intervals, lasted from a few minutes to half an hour at a time, and were accompanied now and then by slight nausea of short duration. Both the pain and nausea were always increased by motion and both hot and cold applications to the painful parts. There was loss of appetite, bad taste in the mouth, tongue covered with a thick white coating and he had frequent eructations. He received one powder each, of *Ipecac.* 2c. and 1m. with S. L., and needed no more medicine.

III. M. G., æt. 48, had sciatica in both lower extremities and had taken Gaultheria and Bry. on his own account, and also two prescriptions from a homœopath, without any improvement; he felt despondent and was worse during the day. *Nux v.* 200 gave him some relief; no pain in the left leg but the right seemed worse; aggravated from coughing, sneezing or pressing at stool; the constipation was so great that it required manual aid to evacuate the stool; he could not ride comfortably, but was somewhat relieved by walking rapidly. Pains severe all day, slept good without pain at night. *Sepia* 45 m., two powders taken a week apart, gave complete relief.

IV. Sciatica during Bright's disease. Pains lancinating the whole length of lower extremity, worse at night, from touch when pains were on, and from cold air; better about daybreak and from warmth. *Syphilinum* cm. cured.

V. Mr. C., a laboring man, living in a very old log house, had sciatica in the left leg. It was at first only a laming, stitching pain in lumbo-sacral region, when he was treated by the country poor doctor, old school, without any improvement; but the pains began to go down from the left hip-joint along the course of the left sciatic nerve and from left hypochondrium into abdomen and testes. He was worse from moving, lying on the left side, or sitting on a hard chair. When lying on the left side he had to turn over on his right to be able to rise. The pains were lancinating, sticking and somewhat relieved by warmth. *Kali carb.* 1 m. in aq. cured him in two days.

## "COMPLIMENTS TO HOMŒOPATHY."

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The feeble sea birds, blinded in the storms,  
On some tall light-house dash their little forms,  
And the rude granite scatters for their pains  
Those small deposits which were meant for brains.  
Yet the proud fabric in the morning's sun  
Stands all unconscious of the mischief done.  
Still the red beacon pours its evening rays  
For the lost pilot with as broad a blaze.  
Nay, shines all radiance o'er the scattered fleet  
Of gulls and boobies brainless at its feet.  
See where aloft this hoary column rears  
Its towering pride of twice a thousand years.  
Far, far below the vast incumbent pile  
Sleeps the broad rock from Art's Aegean isle.  
Its massive courses, circling as they rise,  
Swell from the waves and mingle with the skies.  
Here every quarry lends its marble spoil,  
And clustering ages blend their common toil.  
The Greek, the Roman reared its mighty walls;  
The silent Arab arched its mystic halls.  
In that fair niche, by countless billows laved,  
Trace the deep lines that Sydenham engraved  
On yon broad front, that breasts the changing swell,  
Mark where the ponderous sledge of Hunter fell,  
By that square buttress, where Louis stands,  
The stone yet warm from his lifted hands,  
And say, O Science: shall thy life-blood freeze  
When fluttering folly flaps on walls like these?

—OLIVER WENDELL HOLMES, M. D."

## "ACKNOWLEDGMENT."

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It is almost a matter of certainty, all things considered, light-houses have caused more wrecks than they have prevented.—*Westminster Review*.

Yes, here aloft this hoary column rears  
Its towering pride of twice a thousand years.  
The work of Grecian, Roman, Arab hands,  
Where Hunter, Sydenham wrought, where Louis stands.  
Above the reefs that wreck the human race,  
It sheds its beacon rays to mark the place.  
From jagged rocks and yawning quicksand grave,  
Gleaming to *warn*, but impotent to *save*.  
Around this towering pile, so proud and old,  
The countless wrecks of hapless men behold,  
Who, pressed by blinding storm and tossed by wave,  
Fled to the light for *help* and found a *grave*.  
Yet the proud fabric in the morning's sun  
Stands all unconscious of the mischief done.  
No trusty pilot, though most sore bestead,  
Would this way turn for aid his vessel's head;  
But hauling off and tautening every brace,  
Prefer the wind and ocean most to face,  
To sink, if must be, or, a hulk, to swim,  
But shun, at any risk, this light-house grim.  
This boastful science of two thousand years,  
That mocks men's hopes and doubles all their fears,  
Traces their maladies with finger sure,  
Shows *how and why they die*—but cannot *cure*,  
Who seek its portal, hoping cure thereat,  
Are gulls and boobies, and deserve their fate.

—CARROLL DUNHAM, M. D."



## PERSONALS AND NOTICES.

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Dr. G. M. Cooper has removed his office to 1628 Mount Vernon street, Philadelphia, Pa.

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Dr. W. B. Boggess has opened an office at 1628 Mount Vernon street, Philadelphia, Pa.

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KENT'S REPERTORY. The sixth fascicle, "*Stomach and Abdomen*," which was published in June, will be followed by "*Rectum and Stool and Urinary Organs*" this month.

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POST GRADUATE SCHOOL. The School will open on the 17th. There is promise of a large class this winter.

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## BOOK REVIEWS.

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HOMŒOPATHIC THERAPEUTICS OF DIPHTHERIA, by C. M. BOGER, M. D., Parkersburg, W. Va. Published by the Author. Printed by T. B. & H. B. Cochran, Lancaster, Pa.

This brochure of 82 pp. is an excellent and complete compilation of the homœopathic literature on this subject. It is modeled after the plan of *Bell* on *Diarrhœa*, and like that work it has a well-arranged repertory. It is pocket-size, bound in paper. Address the author.

AN ABRIDGED THERAPY—MANUAL FOR THE BIOCHEMICAL TREATMENT OF DISEASE, By Dr. Schuessler. 25th Edition. Translated by Prof. Louis H. Tatel. Philadelphia: Boericke & Tafel. Pp. 178. Price, \$1.00; by mail, \$1.07.

The demand for this book is astonishing. It has performed a use. The biochemic theory is a myth, but cures of disease are very often made when Schuessler's indications are followed. The

law of similars, however, is the basis. Whenever complaints subside under "biochemic" treatment and remain cured the cure is homœopathic; but when the symptoms return, as they often do, after the cessation of the repeated doses of the low potencies, there is the evidence to one who knows the law that there was merely suspension, which the continued use of the low potency would soon turn into suppression, in which case the Schuessler practice leaves the patient in a worse state than at first.

**THERAPEUTICS OF FACIAL AND SCIATIC NEURALGIAS**, with Repertories and Clinical Cases. By F. H. Lutze, M. D. Philadelphia: Boericke & Tafel. Price, \$1.25; by mail, \$1.32. Pocket size. Pp. 296.

This will be a very handy reference book, as the *Materia Medica* is well chosen. Dr. Lutze is a careful student of *Materia Medica*, and his work will be handed down with Hahnemannian literature. The repertorial arrangement is excellent and the clinical cases consistent.

**OPHTHALMIC DISEASES AND THERAPEUTICS**. By A. B. Norton, M. D. Second edition, revised and enlarged. Philadelphia: Boericke & Tafel. Price: Cloth, \$5.00; by mail, \$5.35.

This work is printed in the form of all Boericke & Tafel's publications, on good paper and in excellent type; with ninety illustrations and eighteen chromo-lithographic figures. The work is full and an excellent reference book for the busy doctor, a complete text-book for students and homœopathic colleges. It is up to date in general information. Too much must not be expected of its therapeutics, as every homœopathic physician must prescribe with the entire *Materia Medica* at his hand, yet in this volume the therapeutics may be said to be the well known characteristics of the *Materia Medica*. The book is too well known to need further commendation. It should be found in every homœopathic library.

# Directory of Homœopathic Physicians.

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# Journal of Homœopathics

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## DEPARTMENT OF MATERIA MEDICA.

### KALI BICHROMICUM.

Lecture delivered by PROF. J. T. KENT, at the Post-Graduate School.\*

The principal use of this remedy is in diseases of the mucous membranes. It has a most extensive use in catarrhal affections, in which it manifests many peculiar symptoms. It has been able to bring out in its proving symptoms from all the mucous membranes of the body. In its catarrhal disorders there are thick, ropy or stringy, yellowish or yellowish-green mucous discharges. It produces a slow but intense inflammation of the mucous membranes wherever it attacks. If about the eye we have thickening of the conjunctiva, redness, smarting, burning, bleeding, ulceration in small patches and spreading ulcers. The discharge from the eye is tenacious, thick, ropy and yellow; it clings to the handkerchief and is drawn out in ropes. From the ear the discharge is thick, ropy, and of a similar character. It produces ulceration of the mucous membrane of the ear and a catarrhal state of the internal and external ear. The eustachian tube is closed up, so that the middle ear cannot be inflated. An inflammatory condition of the middle ear comes on, an abscess forms and the drum ruptures. In the outer canal there is ulceration, inflammation and swelling, and the ear becomes closed up; the discharge is

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\* Stenographically reported by Dr. S. Mary Ives.

thick and ropy. The nose, throat, trachea, bronchi, bladder, all partake of this catarrhal condition, and from all the discharge is thick, yellow, ropy, tenacious and sticky, like glue; draws out in strings and ropes; tough, jelly-like, and when it settles down it forms hard masses, which are hawked or blown out. The nose is stopped up, there is a watery discharge, at first with much sneezing, and then a thick, yellow discharge. Nose bleed; blows out bloody, mattery crusts. "Discharge of crusts slightly tinged with blood; plugs in nostrils." Hard crusts fill the nose. "Nostrils filled with dry, hard crusts, bloody at edges." "Discharge of tough green masses or hard plugs." High in the nose a pain, extending to the cheek bones, especially the left cheek bone; sputa greenish-yellow, bitter; shooting sometimes in the bone over the eye. Pains are aggravated by the cough; pains shooting through the head, worse from coughing. Green crusts hawked up from back of nose with thick, tough, ropy mucus from the posterior nares.

Tonsils swollen and inflamed, covered with patches of ulceration; deep ulcers; dropsical, shiny, red, puffy. Soft palate œdematous, ulcerated, very red. Syphilis is sometimes the cause of this ulceration. Ulcers perforate the soft palate; eat away the uvula, and cut away all the bones of the roof of the nose; eating away thin plate bones. Catarrhal discharge is offensive, fœtid and tenacious. If we observe sufficiently we see a fine, white, ash-colored membrane in the throat; exudate looks like fine ashes sprinkled over the part. Kali bich. is of great use in diphtheria. Sometimes the exudate is thick, yellow, tough like gristle. It often cures pharyngeal diphtheria and is also prone to extend down into the larynx. There is every degree of irritation in the pharynx and larynx, even to diphtheria with all forms of dyspnœa. With these conditions we have strings of ropy mucus, hawked out and coughed out. Exudate throughout trachea and bronchial tubes; membranous shreds thrown out with the cough. Kali bich. loosens and stops the formation of membranes. If there were not a continuous exudation the diphtheritic membrane would not exist. It clings, as it were, by roots. As soon as the process of formation ceases then the process of exfoliation begins and the membrane is blown out or coughed out. We may have this exu-

date on any mucous membrane; the vagina and rectum sometimes are the locations. Kali bi. has cured membranous dysmenorrhœa.

*Chest.*—Burning in trachea; great soreness in chest and trachea on coughing, sensation as if pain went from spine to bifurcation of trachea, as if transfixed by a knife. Sometimes pain extends up the trachea, accompanied by soreness of trachea, aggravated by swallowing, as if the bolus were swallowed over a sore place. Pain at the bifurcation of trachea on coughing. Cough, with pain from mid sternum to back. Rattling of mucus in chest. Coughs up thick, ropy mucus in strings or ropes; coughs and and gags and chokes. Mucus so viscid that it stretches in long strings, from mouth to ground; clings to teeth and lips, adhering to fauces, teeth, tongue and lips, and is finally expectorated by the mouthful, a jelly like, tenacious mass, which can be taken hold of and drawn out in long strings. This is a characteristic. High degree of dyspnœa, with gagging, coughing and vomiting. The eyes bulge from the head as if they would burst, the face is blood red; nose bleed; expectoration of blood streaked mucus. Advanced stages of croupous pneumonia or bronchial catarrh; with thick, ropy discharges. In the last stages of pneumonia, with exudation, prostration, sweat, difficult breathing, threatened heart failure. Whooping cough, with tenacious mucus, copious, thick, coming by mouthful, enormous quantity; suffocation.

*Stomach.*—Catarrhal state. Vomiting of blood and thick, ropy, purulent mucus. Ulceration of the stomach; a drink of hot water causes pain in stomach in a particular spot. Vomiting of blood and copious jelly-like mucus. Digestion seems to have ceased. He takes food and vomits it as soon as it goes into the stomach; or he takes food and it comes up sour in an hour, with blood and mucus. In old dyspeptics vomiting of food tasting sour a few hours after eating. The stomach is like a leather bag; digestion is suspended; food lies in stomach like a load. A gagging cough may arouse the stomach. Vomiting and stomach disturbances of drunkards. It is as useful as *Ars.*, *Lach.* and *Sulph. ac.* in this giving out of the stomach. The stomach fills up and nothing digests.

The alimentary canal from the mouth to the anus is subject to its action. Mouth often takes on foul odor; the teeth are loose;

the gums sore, and oozing blood; the lips dry, cracked, bleeding; the tongue is ulcerated, or it becomes thick, dry, smooth, red, cracked and *shines like a glass bottle*. A thick tongue in old typhoids, or in long continued acute diseases. The tongue is thick, dry, bright red, in many diseases of stomach and in typhoidal states. It cures the later stages of typhoid with hæmorrhage from the bowels, exhausting diarrhœa, prostration, constant vomiting, tympanites, sordes on teeth, and bleeding from the gums; tongue thick, as if varnished. In typhoid fever, when the time comes for reaction, the fever has subsided, but the patient remains in a "do nothing" state, with this thick tongue, great exhaustion, vomiting, or taking no food; he cannot digest milk or broth; Kali bich. is the remedy; it establishes convalescence in a feeble constitution.

*Bowels*.—Morning diarrhœa and all sorts of disordered stool; undigested, black, intermingled with thick, tough mucus. Burning in the passage; hæmorrhoids. Morning diarrhœa in the beginning of phthisis; when going into galloping consumption; thick, copious expectoration. Morning diarrhœa bringing patient out of bed, yellow, green, black, watery, and much ropy mucus mixed with it. Intestinal troubles with bloating and flatulence.

*Bladder*.—Urine loaded with ropy mucus, comes from the urethra in strings. Urine passes with difficulty; bottom of commode covered with thick, ropy mucus, yellow, jelly-like. Ulceration of bladder; inner surface of bladder dark, purple; velvety condition, thickened state of mucous membrane. After urination sensation as if a few drops remained in urethra and afterwards dribble away. Urethra becomes clogged up with little lumps of mucus, so that urine stops and starts.

*Gonorrhœa*; advanced stages, gleety nature, yellow, white, tenacious and stringy discharge when patient is of a general catarrhal nature. Leucorrhœa with the characteristic discharge.

The Kali bich. patient is a chilly patient. His complaints are ameliorated by warmth and aggravated by cold; he wants plenty of covers. Pains are wandering, shooting, tearing, wander from joint to joint and bone to bone, and are sometimes felt as if deep in the bones. His complaints are aggravated by beer drinking. Morning diarrhœa from beer. (*Aloe*, *Sulph.* and Kali bi.)



Tendency to ulceration; ragged, eating ulcers. Especially useful in old leg ulcers, with ragged, deep-seated ulceration. A peculiar feature is when the old ulcer heals it heals with a depressed surface, deep in, as if it had a false healing. Low form of tissue making, deficient tissue making. Great variety of eruptions; eruptions all over body, scaly, pustular, papular eruptions, boils and carbuncles. Eczema of scalp in infants, throwing out the characteristic discharge, thick, tenacious, yellow, copious.

Gouty pains, rheumatic pains and pains in general are relieved by eating and are worse when the stomach is empty.

Much distress and suffering in connection with the coccyx. "Pain in coccyx, while sitting." "Pain in coccyx, worse when walking, on touch, and after rising from long sitting." Coccygeal troubles in women are very hard and persistent cases to cure. Coccyx after delivery remains sensitive. Useful in patients who have accidentally injured coccyx; sensitive coccyx.

Full of neuralgic pains; pains wandering like its rheumatism. Periodical, wandering pains; pains in limbs shift from place to place. Another marked feature, the pains are most violent in a spot you could put your fingers on. Sometimes the headache is of that sort; the patient says it is all there, or begins there, or spreads from there.

*Alternation* of complaints and complaints that *move*. When rheumatism is on the other complaints cease. As the gouty state increases the catarrhal state or diarrhœa disappears.

Kali bich. is a natural follower of *Lach.* and *Ars.*, but especially *Ars.* Kali bi. and *Phos.* are the two natural followers of *Ars.*

## MAGNESIA CARBONICA.

This remedy has only been partially proved, and comes to us now as Hahnemann left it. The mental symptoms and symptoms of some portions of the body and particulars have not been fully brought out. The remedy really needs reproving with high potencies upon sensitive provers that the finer shades may be understood. I would not speak of it, but for the fact that it relates to a class of cases so very important that you will not be

able to get along without it. Persons who proved Magnesia carb. were made sick for a long time. It is related to the older and deeper psoric sicknesses. It is deep acting and long acting and permeates the economy as thoroughly as *Sulphur*.

Like the other Magnesias, it has most violent neuralgic pains, pains along the course of nerves, pains so violent that he cannot keep still, and he moves about and is relieved by motion. The provers felt these pains mostly in the head and face, but clinical experience has demonstrated that it has violent neuralgias everywhere. We are justified from the proving in considering it as especially related to the left side of the face; neuralgia in the night, driving him out of bed, keeping him in constant motion. As soon as he stops moving the pain becomes very severe, shooting, rending, tearing and cutting.

It has varied eruptions upon the skin; dry, scaly, dandruff-like eruptions upon the skin, very unhealthy hair and nails. Particularly does it affect the teeth and roots of the teeth. In every change of the weather the roots of the teeth become violently painful, cut, burn, shoot, stab, and ache continuously. Toothache before and during menstruation. During pregnancy she suffers all the time with toothache, rending, tearing pains in the left side of the face, although the roots of the teeth are perfectly sound. The hollow teeth are unusually sensitive, and painful. The teeth are so sensitive that they cannot be manipulated by the dentist. This is like *Ant crud.*, but Magnesia carb. especially affects the roots of the teeth while *Ant crud.* affects the dentine more particularly. Sensitiveness of the teeth, so that he cannot bite upon the teeth, and the teeth feel too long. Magnesia carb. and *China*, when no other symptoms are present, are prominent remedies among the affections of the teeth that are always present during pregnancy.

There is a condition that is likely to run through all sorts of complaints, a kind of marasmus that you will puzzle over, and worry about, if you do not know this medicine. If we analyze the remedy in general, we will see that it produces a state of the body like unto that which we would expect to find if the patient were about to go into tuberculosis. He does not undergo repair, he loses flesh, and the muscles become

flabby and lax like as if some serious thing were coming. In children of tuberculous parents there is that tendency to go into marasmus. The child's muscles are flabby, the child will not thrive in spite of feeding and medicines. It seems to be laying the foundation for some serious trouble. Finally, it emaciates and the back of the head begins to sink in, as if from atrophy of the cerebellum. The appetite increases for milk and meat and animal broths, and yet they are not digested, and when the milk is taken in great quantities it continually passes through the bowel in the form of white potter's clay, or like putty. The stool is soft and of the consistency of putty. If you go through a china factory where the men are forming with their hands, in such wonderful manner, all sorts of beautiful dishes, and moulds, you will see that the original clay, as they are manipulating it, is white. It is a perfect picture of the Mag. carb. stool, composed of putty-like undigested milk.

I have observed, especially among illegitimate infants, those that have been conceived by clandestine coition, that they have a tendency to sinking in of the back of the head. The occipital bone will sink in, and the parietal bones jut out over it, and there will be a depression. That is not an uncommon thing in children that go into marasmus. They are very likely to have a potter's-clay stool that can be moulded just as you can mould putty. It does not run, and it is not hard. The white, hard stool is quite another symptom, and the soft, semi-fluid white stool runs to quite another class of remedies, but this pasty, pliable stool looking as if it could be moulded into any kind of shape is a Magnesia carb. stool. I once had in charge an orphanage, where we had sixty to one hundred babies on hand all the time. The puzzle of my life was to find remedies for the cases that were going into marasmus. A large number of them were clandestine babies. It was a sort of Sheltering Arms for these little ones. The whole year elapsed, and we were losing babies every week from this gradual decline, until I saw the image of these babies in Magnesia carb., and a good many of them got better then. It made a radical change in them.

The Mag. carb. baby smells sour like the *Hepar* baby. Wash it as you will and it smells sour; the perspiration is sour, and the

whole baby smells sour. It is not especially the stool. The stool smells strong in the idea of pungent, putrid, and very often the whole child has a pungent odor, like an unclean baby, though it be well washed.

The Magnesias produce a wonderful inactivity of the rectum and anus—a paresis. The stool is large and hard, requiring great straining to expel. It is dry, hard and crumbling. The stool will remain partly expelled and then crumble, breaking up in many pieces. Another stool that is laid down in the books as a most striking condition of Magnesia carb. is green; it is the diarrhoeic stool, and the green part floats upon the watery portion of the stool. The stool is often lumpy, and liquid. The lumps lie in the bottom of the vessel, but floating upon the liquid portion of the stool is the green like the scum of the frog pond. This is recognized as one of the most striking features. "Stools green, like scum on a frog pond; sour, frothy; with white floating lumps like tallow, bloody, mucous." Floating like lumps of tallow, is more characteristic of *Phosphorus*, and many a time has *Dulcamara* cured it, though it will not be found under *Dulcamara*.

The face of the chronic adult case is pale, waxy, sickly and sallow, and you wonder why this patient will not right up, and will not thrive. She has a sickly countenance, her muscles are lax, she becomes so tired upon every exertion, and sweats upon little exertion. She is disturbed in every change of the weather, and is worse at the beginning of menstruation. She seems to take cold whenever menstruation is coming on. She says: "I know my menstrual period is coming on, because I have a cold in my head." It is true that Magnesia carb. has coryza every month just before the monthly period. If it is all through the month it will likely be *Graphites*. These patients take on an appearance as if going into decline, and yet they go on year after year unable to do anything, not able even to keep house, have a violent craving for meat and an aversion to vegetable food, grow thin and increasingly flabby, muscles relaxed, and with tendency to prolapsus. The walls of the abdomen have a tendency to fall down and to be relaxed, and the rings favor the formation of hernia. That is the kind of relaxation. The nerves are painful, and the muscles are tired. When you have such a case, and have prescribed,

and they persist in spite of every remedy, you know that the case does not well indicate a remedy, that the conditions are latent and there is a tendency to some grave internal disorder. The organs are threatening to break down; the kidneys, the heart, the lungs, or the brain are about to undergo organic change.

We have a catarrhal state in this remedy, but it is a dry catarrh, not much discharge. An old ulcer will dry up and become shiny and discharge almost nothing. The nose is dry and parched and the inside of the eye balls are so dry that the lids stick together and it is difficult to open the eyes. The skin becomes dry and itches and burns. Tendency to dryness of the mucous membranes and dryness of the skin. Dryness is a marked feature of this medicine.

"Inordinate appetite for meat in children." The stomach is a troublesome organ. The Magnesia carb. patient is always complaining of a sour stomach; sour eructations. Food comes up sour. There is almost constant nausea and coming up in the throat of sour food. Pains in the stomach after eating an ordinary amount of food; bloated after eating; much flatulence after eating. The stomach digests the food slowly and it becomes sour. You know that such a stomach would be naturally associated with poor nutrition in a case that has a tendency to go into tuberculosis.

This medicine is especially useful if the history has been a tubercular one. Losing flesh and craving for meat in those who are tubercular or in those that are from tubercular parents. Patients suffering from a dry cough, not much expectoration. There are persons who have simply this early tendency who go along year after year in this withered state of the economy, with the little hacking cough, not rousing up into much. Finally some favorable circumstance arises and the tuberculosis comes on rapidly after it has remained in a sluggish state for a long time. There are three remedies more likely to be associated with that condition than any others, *Arsenicum*, *Calc. carb.*, and Magnesia carb. They fit into this lingering state, this prelude to active phthisis. They sometimes set a patient thriving, but, mind you, these cases are hard cases to manage. They are difficult to find remedies for. Their trouble is so latent, the symptoms do not come out, and

sometimes you have to guess at a good many things and read between the lines.

In addition to this dry, tickling cough, which is not mentioned in the books, we find "Cough, spasmodic at night from tickling in the larynx." "Sleepiness during the day and sleeplessness at night." When you have seen a good many of these cases that are threatening to go into phthisis, you will notice that is a general feature with all of them. "Doctor, I am so tired in the morning; while I sleep some in the night, in the morning I feel as if I had not slept." Always tired and relaxed. Most of these subjects are cold and chilly. This state has not been brought out yet in the remedy, but clinically it relates to cold and chilly patients. Patients who say that they have not much blood.

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**THE PATIENT'S DIET.** When a patient is under a constitutional remedy it is well to give the necessary precautions as to the particular kinds of food which would disagree. The *Bryonia* patient is often made sick by eating salads, sour krout, oysters, chicken salad, etc. It is well to caution the *Pulsatilla* patient to avoid ice cream, because it will antidote the remedy. Tell the *Lycopodium* patient not to eat oysters. The *Thuja* patient should avoid onions and the *Alumina* patient is often made sick from eating potatoes. Some remedies have an inimical relationship to acids, lemons, vinegar, etc., such as *Ant. cr.*, *Ars*, *Sepia* and *Sulphur*. The *Rhus* patient often stops the action of the remedy by taking a bath, and you must therefore advise him to bathe piecemeal. From all this you will see that diet lists and lists of things the patient should avoid belong only to the routinist. The only ironclad rule that you must work under in all cases is, be sure that the remedy is similar, and then see that the foods agree.—*Kent*.

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DEPARTMENT OF HOMŒOPATHICS.

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LECTURES ON HOMŒOPATHIC PHILOSOPHY.

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Delivered by PROF. J. T. KENT, at the Post-Graduate School.\*

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## LECTURE XVI.

*Organon § 44 et seq.*

Drug poisoning such as we referred to in last lecture is not always due to the prescribing of crude drugs. If you work long among sensitive patients you will come across those who have been actually poisoned by the inappropriate administration of potentized medicines. These are oversensitive patients who have received repeated doses of medicine after the medicine and dose that was homœopathic to their condition was administered. If a drug that is really homœopathic to the case is continued, after enough has been given to cure, a miasm is established in some cases by that drug, and this miasm imitates one of the chronic diseases or one of the acute miasms in accordance with its ability. I have a patient who has been suffering for seven or eight years from the effects of Lachesis. I have patients who are suffering from Sulphur and other deep acting medicines which have been repeated too often when truly indicated, or repeated in sensitive patients when not truly indicated. The symptoms of the drug crop out periodically years after it has been abused, and the periodical attacks are perfectly typical of the drug. The mineral substances which are perfectly harmless on the crude plan may be poisonous on the dynamic plan, when the patient is an oversensitive. There are persons who can drink a glass of milk with impunity and be nourished by it, but upon whom a drop of milk, potentized to a high degree and repeated beyond its homœopathicity, will establish a miasm that will last for years. A prover of *Lac caninum* had a return of its symptoms periodically.

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\* Stenographically reported by Dr. S. Mary Ives.

She was an oversensitive and proved the medicine indiscriminately, and has suffered even since from its poisonous effects, whereas if it had been given prudently the disease would have established itself upon the body like any other acute miasm, would have run its course and disappeared. It is unwise to make provings upon oversensitive subjects in that way. I tested a very high potency of Lachesis on an oversensitive patient, giving but a single dose, and that patient ran the course of the Lachesis disease in about two months; the symptoms disappeared and never returned. While the Lachesis was in progress the patient's chronic symptoms were suppressed, but after it ran its course and disappeared all her chronic symptoms came back. This is in accordance with the doctrines. She was oversensitive, and while the dissimilar Lachesis disease was in full blast her chronic disease was suppressed. There are instances when such a patient is truly homœopathic to a remedy, and if that remedy be repeated after enough (I mean in the internal sense) has been given to cure it ceases its homœopathic relation and acting through the general susceptibility creates a miasm upon this extremely sensitive patient. When a patient is hypersensitive you must avoid the use of the c.m. and other very high potencies which will make your patient sick and use instead the 30th and 200ths. In cases where the remedy is indicated such potencies will work quite quickly.

§ 49. We should have been able to meet with many more real natural homœopathic cures of this kind, if, on the one hand, the attention of observers had been more directed to them and, on the other hand, if nature had not been so deficient in helpful homœopathic diseases.

Hahnemann, in § 46, gives examples of these natural cures. We occasionally meet with these cures now. We find patients that are threatened with phthisis go to the South, because it has been proved that such cases can go into a vitiated climate and stay for a number of years, and actually receive benefit from this disease-producing neighborhood, and go away well. Others go into a climate more wholesome and they are not cured. The miasms can cure all similar disease, and the curing substances are in attenuated form. The evils that arise from these swamps are similar to the evils of the economy of the patient and that



similitude is antidotal, is curative, and causes change back into order in accordance with the eternal law that governs the action of similars.

There was a time in the earlier days of homœopathy when, taking into view the great array of disease forms to be contended with and the very few medicines then at his command, the homœopath was worried to find remedies similar to all of his cases. That cannot be true now. If the homœopath will work in a systematic way, he will be able to command enough of the *materia medica* to meet all the diseases that he comes in contact with, the symptoms of which are sufficiently observed. Every man should put himself to the task of studying the *materia medica*; he has no time to lose, no time to fool away. The physician can really have no excuse at the present day to leave our proved medicines, the medicines that are recorded in our books; he can have no reasonable excuse for stepping aside into ways that are dark, treacherous and recommended only by tradition. Some physicians hold that it is liberal to do anything for a patient. This is a pitfall, a rock, that will destroy any physician that will not avoid it. We know that there are doctors, who claim to be homœopaths, who attempt to justify, upon some ground or other, the administration of remedies merely to palliate and relieve suffering. With such men there must be a lack of sturdiness in listening to the sufferings of a patient. It seems to me that no one who is honest, and who has knowledge of the stupidity that comes after the administration of a medicine that will cause the symptoms to disappear, will actually tie his hands against the finding of a remedy that will be suitable to cure. As surely as the voice of the symptoms is hushed, so surely does the physician put out of his way the opportunity for selecting a homœopathic remedy. When the index to the remedy is spoiled the ability of the physician to benefit his patient is destroyed. If you give quinine, go on with it; if you give an opiate, go on with it; do not go back into homœopathy. The man who does these things is a homœopathic failure. Some men are incapable of grasping the homœopathic doctrines, and fall back into mongrelism which is a cross between homœopathy and allopathy. I would prefer an allopath to one who professes to be a homœopath, but who does not know enough homœopathy to practice it.

Why should you put crude medicines upon the diphtheritic membrane in addition to giving your remedy? If the crude drugs do anything they will spoil the appearance of the throat, and you will not be able to know what your remedy has done. If these adjuvants to the remedy do anything at all they will effect such changes or will damage the case; if they do not effect changes, why use them? There can be no reason for administering something that does not effect changes. This question came up one time, and created controversy in an association meeting. One doctor recommended the use of Peroxide of Hydrogen in pus cavities; he said it did no harm, it did no damage. The question is, does it do anything at all? If it does, the changes it effects injure the case. Lay it down, as a rule, that you will use nothing that can effect changes in a case in addition to your remedy. After you prescribe a remedy you want to know when you come back whether that remedy has done anything. For this reason you must rest your case upon that which you believe to be the nearest homœopathic remedy. All changes must be watched, because by observing changes we know what next to do. If something has been given by the patient's friends and changes have occurred in the case from such meddling the doctor is in confusion. If absolutely no changes have occurred after his remedy then he is in intelligence and knows what next to do.

Doctors sometimes give opium to suppress pain, but it is more frequently given to suppress the cry of people that stand around listening to the patient. The friends stand there wringing their hands and saying; "Doctor, cannot you do something," and the poor doctor loses his head and gives a dose of opium. What does he do that for? In order to quiet the cry of the people. He knows he is damaging his patient, he knows he has put out of his hands the ability to cure that patient homœopathically. What if the patient does suffer? Can that be an excuse for the doctor destroying his power to heal that patient hereafter? The doctor justifies himself by saying if I had not done this the people would have criticised me. What business is it of the people? If a doctor has not the grit to withstand the cries of the family, the criticisms of the friends, the threatening of his pocket-book and of his bread and butter, he will not practice homœ-

opathy very long. An honest man does not fear these things. There is but one thing for him to consider, what is the right thing to do in this case? That is the thing he must do. The harangue of the crazy old women who stand around wagging their tattling tongues, what has that to do with the life of the patient or the duty of the physician? Will they shoulder the responsibility of the patient's death, if he die? I say now that the death of a patient is nothing in comparison with violation of the law on the part of the doctor. In both instances the doctor gets the worst of it. The doctor who violates the law also violates his conscience, and his death is worse than the death of the patient. Generally the physician who has knowledge enough and grit enough to wait will see, before the patient dies, the homœopathic remedy that will control the case. The whole community is sometimes turned into excitement because a doctor will not do this or that. Suppose the whole atmosphere is blue with the effects of their wrath, what has that to do with it? The physician who will stick by the patient and let the people howl is one that will be trusted through any and every ordeal. But the doctor that will flinch and tremble at every threatening is one that will violate his conscience, is one than can be bought, can be hired to do anything, and will abandon his colors in time of emergency. It is hard work for a homœopathic physician to settle off alone by himself where he has nobody that will stand by him in his tribulations. The attitude of the public must never furnish the physician with indications as to what he shall do. Let him study the patient and the symptoms of the patient. That which is right is protected and supported, and that which is wrong degrades. Let a man lose his self-respect a few times and he becomes a coward and a sneak, and is ready to do almost anything that is vicious and cowardly. The physician who has done rightly by his patient can look the friends squarely in the face when that patient has died. If he has administered morphine to the patient and turned aside all the symptoms upon which he could find the remedy, it does not seem to me that he can look the friends squarely in the face. Of course if you act according to principle in this way you will suffer for it. You will be called names.

In the 63d and 64th paragraphs Hahnemann treats of the

primary and secondary actions of medicines. There is no necessity for dwelling upon this subject. The primary and secondary actions of a drug are simply the one action of that drug. Some Homœopaths have attempted to individualize between the primary and secondary action. It does not matter what the patient is suffering from, from symptoms which appeared in the primary action or from symptoms which appeared in the secondary action, that drug will cure just the same. The symptoms that arise are the symptoms that arise from the remedy, and they often seem to oppose each other. In the earlier stages we have sometimes sleeplessness; in the later stages, sleepiness, and one state is sometimes more prominent than the other. For instance, in Opium, some provers had sleeplessness first and sleepiness afterwards, from the smaller doses of Opium. It is known that Opium has both sleeplessness and sleepiness, and if the other symptoms agree it does not matter which one of the two is present. If Opium is indicated by the general state of the patient it will cure either of these conditions, and you need not stop to see if it produces one state in one place and the opposite in another. In some provers Opium produces diarrhœa in the beginning, in others constipation. If I should take to-day a crude dose of Opium, in six hours I would have a diarrhœa that would last for several days and then be constipated for six weeks. To know that drugs have two actions is simply knowing the nature of drugs in general. You will find another example in alcohol; watch two drunkards and you will see the double action illustrated.

There are constitutional states in patients by virtue of which they are always affected in a certain way, and these states are often left after provings, or are found in those who have been poisoned by a drug. All these patients will have alternating symptoms which will confuse the physician before he knows their constitutional state. It is an important thing to know the constitutional state of a patient before prescribing. You will always be able to do better for your patients when you know all their tendencies. Of course, in acute diseases symptoms sometimes stand out so sharply that an acute remedy can be administered without reference to any constitutional state. Acute cognates can be established in almost any patient. For instance, the Calcarea

patient will need an acute cognate of Calcarea when he is sick with acute symptoms. The acute symptoms fit into and are established and formed by the constitutional state of the patient.

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## SKETCH OF HAHNEMANN'S LIFE.

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Homœopathy, as a system of medicine, has undoubtedly much of the impress of Hahnemann upon it. The doctrines, principles, precepts and practices that cluster round the law of similars nearly all bear the stamp of his individuality and character, and it might be well, therefore, in dealing with the subject of Homœopathics to ascertain a little of his history or life experiences.

Christian Friedrich Samuel Hahnemann was born on the 11th of April, 1755, and died on the 2d of July, 1843. He was, therefore, 89 years of age at the time of his death; and we can safely say that in that long lifetime were crowded events numerous and important enough to have satisfied three or four ordinary mortals.

His life naturally divides itself into three periods, the first period from his birth till the attainment of his degree of Doctor of Medicine, the second from the acquiring of that degree till the discovery of the law of similars, in other words, his practice as an allopathic physician, and the third period from the promulgation of the law till his death, that is, his experiences while practicing Homœopathy.

I. Hahnemann was born in the town of Meissen, in Saxony, and was the eldest of a family of ten. His father was a painter on porcelain in the "china-glass" factory there and was poor in this world's gear, a fact which caused him occasionally to enlist the services of young Hahnemann to help reduce the family expenses. Hahnemann was handicapped by these calls upon his time in acquiring the education for which he seemed to have an extraordinary thirst. Time and again his father took him from

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\* Paper read at Post-Graduate School.

school for as long a period as a year, intending ultimately to put Hahnemann to work like his own, or some occupation no more ambitious. Indeed, it is on record that he apprenticed him one time to a grocer, but Hahnemann, not finding such work to his liking, left it, even although he feared his father's wrath would be hard to face. The teachers at the public school of Meissen had seen in Hahnemann a boy above the ordinary stamp and did all they could to prevail upon his father to allow Samuel to remain uninterruptedly at school. By dint of much persuasion and their promise to keep Hahnemann and educate him free, the father finally agreed, and for the last eight years of his school life at Meissen Hahnemann had constant facilities for acquiring the knowledge he so eagerly desired. In the earlier school days, when Hahnemann still lived in his father's house, he had often to resort to expedients for the purpose of prosecuting his studies. His father, at that time, we said, tried to prevent him from becoming too deeply interested in reading and study, and to get around this obstacle the boy formed a lamp out of clay so that he could use it at night without being detected by his use of one of the household lamps, and there, in a far-off nook in the house, he would burn the midnight oil. But in spite of this opposition to his educational progress, Hahnemann was indebted to his father for perhaps the very spirit that prompted him to study so vigorously. In case we should get a mistaken idea of Hahnemann senior because of his poverty-forced makeshifts, it is well to remember the birthright he bestowed on Hahnemann. In his autobiography Hahnemann lauds his parent very highly, and speaks quite affectionately of him, and in the histories we find that the bent of character of the wonderful son was due to very early training on the part of the father. An old inhabitant of Meissen told, years afterwards, when he heard of the fame of the great doctor, that Hahnemann's father, at a certain hour every day, would leave off his conversations with others and go home to give his boy a thinking lesson. What this thinking lesson consisted of we don't know, but we can see the effects in the character of the man. One maxim that his father taught him which comes down to us was this: "Never take anything for granted, nor receive anything in any science as a truth, until you have investigated it for yourself."

While Hahnemann was still at the public school in Meissen the teacher of languages, Master Muller, conceived a great liking for him, loving him as his own child. In his autobiography Hahnemann says of this teacher: "In my twelfth year he intrusted to me to impart to others the rudiments of the Greek language. Moreover, in his private classes, with his boarders and myself, he listened attentively and lovingly to my critical exposition of the old writers and often preferred my meaning to his own."

From the public school Hahnemann went to the private school and remained until he was twenty years of age. His studies while at Meissen included Latin, Greek, Hebrew, history, physics and botany. His favorite study was medical science. When he left this school he presented a thesis written in Latin, according to the custom, choosing for his subject the "Wonderful Construction of the Human Hand."

Hahnemann's desire was to study medicine, and for this purpose he went to Leipzig, his capital amounting to \$15, the last money he ever received from his father, and with this Hahnemann had to begin life as a student of medicine. His knowledge of languages now became of service to him, and he was able to eke out his means by translating books from the English and by teaching French and German to a young Greek who was in Leipzig at the time. A prominent citizen in Leipzig took great interest in Hahnemann and provided him with free tickets to the lectures of all the medical professors. By dint of hard study Hahnemann acquired a theoretical knowledge of medicine from the books and lectures, but, as there were no clinical facilities in Leipzig, at the end of two years' study he went to Vienna to see the practical side of the healing art. Here again Hahnemann landed upon his feet. Von Quarin, the physician to the Emperor and Rector of the University of Vienna, was so impressed by the ability of his student that he made him his especial *protege*, taking him to visit private patients, a thing he had never before done. "To the hospital of the Brothers of Charity," he says, "and to the Prince's family physician, Von Quarin, I am indebted for my calling as a physician. I had his friendship, and I might also say his love. He respected, loved and instructed me as if I had been the first of his pupils, and even more than this,

and he did all without expecting to receive any compensation from me."

Unfortunately "a malicious trick" was played upon him (he would not tell either the circumstances or the names, as forgiveness, he said, must follow repentance), but we know by this trick, which was probably plain stealing, he lost all the hard-earned money which he had hoped would enable him to remain in Vienna for study, and when he had been only nine months there he was forced to give up his studies. When his last crumbs of subsistence were just about to vanish the Governor of Transylvania heard of Hahnemann through Von Quarin and offered him the position of family physician and custodian of his library at Hermanstadt, which was gladly accepted. In the quietness of the next twenty-one months Hahnemann learned several other languages, kept on with his studies in medicine and practiced as a physician in the town. So well did he employ his time that when he left Hermanstadt, at the age of twenty-two years, he was master of Greek, Latin, English, Italian, Hebrew, Syriac, Arabic, Spanish, German, and had some smattering of Chaldaic. From Hermanstadt he went to Erlangen and attended the lectures of four professors there preparatory to his receiving the degree in medicine, which he was then able to do from his own attainments. On August 10, 1779, he defended his dissertation, which was entitled "A Consideration of the Etiology and Therapeutics of Spasmodic Affections," and thereupon received the title of Doctor of Medicine.

It might be well to enquire here, what was the state of medicine at that time? By consulting writers who go back that far, we find that the profession was divided up into sects, each sect having as its head some doctor who had devised a system of medicine, usually, known by his own name, and who at once promulgated his ideas and gathered disciples around him. These systems were of mushroom growth, grew up in an incredibly short time and were invariably founded upon the scanty observations of single investigators.

Hoffmann, Stoll, Kampf, John Brown, Schelling and Steffens all rose in their turn, each with a new theory and a new system of therapeutics attached. Thus Hoffmann found that most dis-



eases were produced by impure and acid humors, which were to be expelled from the body by antiseptic and dulcifying medicines.

Stoll taught that diseases arose from the influence of a predominant constitution, which was determined "by the prevailing weather and epidemic fevers;" most illnesses resulted from gastric impurities, especially bile, and the removal of these matters by emetics and purgatives were the principal means resorted to. This doctrine was regarded as one of the most brilliant advances in the medical art, and doctors betook themselves to Vienna from all parts of Europe to learn the successful Stoll method.

Kampf alleged that most diseases have their seat in the abdomen and are due to "infarcts." "By infarctus," he says, "I understand an unnatural condition of the bloodvessels, especially of the portal veins and larger bloodvessels, in which they are plugged and distended in various places by ill-concocted, variously degenerated, fluid bereft, inspissated, viscid, bilious, polypous and coagulated blood, tarrying and eventually sticking in the circulation, or in which the inspissated serum in the blood, in the glands, in the cellular tissue, together with the above mentioned blood dregs. collects, corrupts, dries and takes on various forms of degeneration in the digestive passages. These infarcts spare no age, sex or temperament, even infants are not free from them. I can think of very few diseases or accidents which do not arise originally from infarctus." That was the theory. What was the cure? "Clysters consisting of taraxacum, rad. graminis, saponaria, carduus bened., fumaria, marrab. alb., millefol., chamomilla, verbasc., rye and wheat bran, to which various appropriate drugs were added, all being made into extracts by means of rain or lime water, were employed to disperse these infarcts." "Without detriment to the health two or three clysters can be taken daily for as many years." One physician wrote: "I have treated many sick persons who have taken more than five thousand clysters before they entirely got rid of the infarctus." Scheidemantel tells, with all solemnity, of a case he observed, a student who was cured of melancholy through being greatly frightened during a sea voyage by a collision between two ships. What was the explanation: "Perhaps the melancholy student had obstruction of the bowels which was removed when his ship struck against the other and thereby shook him severely."

Brown's system was the essence of simplicity, and yet so true that he named it "the Science of Nature." According to Brown, Health depends upon the possession of just the right amount of irritation. Disease is produced either by too much irritation (sthenia), or want of irritation (asthenia). All diseases were divided into two classes, sthenic and asthenic, and remedies in the same way, sthenic and asthenic. In sthenic diseases due to too much strength "irritation diminishing" drugs were employed, such as bleeding, cold, emetics, purgatives, etc. When the asthenic form of disease was to be treated sthenic remedies were given, meat, heat, spices, wine, etc.

The natural philosophy school of Schelling, and later of Steffens, took aerial flights, so that no one but natural philosophers of their type could follow them. I will give you one aphorism of their philosophy and let you judge of the rest: "Life is the infinite, disease the finite, and the cure is to be considered as the synthesis of both (the third power)." Steffens defined Natural Philosophy in this way: "Natural philosophy has the priority of knowledge, for it is the knowledge of knowledge and must be regarded as potentized knowledge."

We thus see that medicine was in a very unsatisfactory state when Hahnemann entered on the scene.

Chemistry was also in its infancy. We may get an idea of the state of chemistry by the fact that in 1787 the prize essay of the Academy of Orleans was, "Is water a compound substance, or is it simple and an element?" Oxygen gas had just been discovered, but the old theory that phlogiston was the inflammable principle in all substances that could be burned still held sway. As a result the pharmaceutical preparations, which, to a great extent, were dependent on chemistry, were very impure. Not only that, but they were very often intentionally adulterated for trade purposes, and the prescription of these was a matter of continual uncertainty and no little danger.

Hahnemann, therefore, had in medicine, chemistry and pharmacy a not very enviable patrimony. A great reformation was badly needed, and in Hahnemann we have the medical Luther.

II. Like many another young practitioner, Hahnemann found the early years of his practice very discouraging financially. His

longing for the fatherland took him back to his beloved Saxony, and he settled down to practice in the mining town of Hettstadt. Nine months' sojourn here convinced him that it was impossible to develop, as he put it, either outwardly or inwardly, and he then moved to Dessau, where in his leisure hours he studied chemistry and improved his knowledge of mining and smelting. Indeed it was at Dessau that he first turned his attention to chemistry. He became a regular visitor at the laboratory of the apothecary Haseler, where he was enabled to perfect himself in practical pharmacy and chemistry. Had Hahnemann devoted no further time to medicine his genius could have made for him a high mark in chemistry, of which he was destined to be a most skillful exponent. Berzelius, the Swedish chemist, who knew of his good work in chemistry, afterwards said of him: "That man would have made a great chemist, had he not turned out a great quack."

In Dessau he met his first wife, who happened to be the step-daughter of Apothecary Haseler. To enable him to marry he accepted the position of parish doctor at Gommern, near Madgeburg. There he expected to get along better financially, but again he was mistaken. It was of this place he said: "There had lived, as yet, no physician in this little place to which I had removed, and the people had no idea concerning such a person."

While living in Gommern Hahnemann translated from the French Demachy's *Art of Manufacturing Chemical Products*, and in this translation is manifested the rapid progress he had made in chemistry, for he is able to correct Demachy's errors, give in foot notes explanations of experiments he referred to, quote authors that Demachy had only hinted at and give the exact work and paragraph referred to, besides adding many of his own observations; in a word, he so enhanced the work that it became in his hands a new work. This method of embellishing the works which he translated, Hahnemann followed in every case. The books he translated were mostly medical, though some were written on the arts, and undoubtedly Hahnemann was able to earn enough money to meet his household expenses by thus translating for publishers and booksellers.

Hahnemann's medical practice at this time was governed by

the old characteristic determination not to bow without question to ancient authorities, not to be a passive listener, and the result was that the prescription book of that day became repugnant to him. In the mass of data for the treatment of disease he could see no guiding principle, no satisfactory scientific basis, and so he laid it all aside to conduct original experiments with simple substances. His first original medical work was entitled "Guide to the Radical Cure of Old Sores and Foul Ulcers," and in it occurs the following remarkable passage: "I am not too proud to confess that horse and cow doctors are frequently more successful, that is to say, more skillful, in curing old sores than the most learned professor and member of all the academies. I would like to possess their workmanlike expedients which are founded on experience, for which I would gladly give many medical folios if they were to be had at that price." One case he narrated is worth quoting. It was a case of caries of the metatarsal bone of the great toe, with burrowing fistulæ and unhealthy pus. "I was called in, I enlarged the wound, dressed it a few days with Peruvian balsam and yolk of eggs; then I scraped the carious bone clean out, removing all the dead part, dressed it with alcohol and watched the results." Later he applied alternately dressings of corrosive sublimate and the above. Truly a well-planned model and modern surgical operation, even down to the bichloride. It is significant, however, that Hahnemann gave up bichloride just one hundred years before our modern surgeons adopted it.

In this little work Hahnemann introduced and kept before the medical profession the subject of hygiene. This was shamefully neglected by physicians, but in this small work Hahnemann devotes eighteen pages to baths alone and gave more hygiene in that space than you can find in *Hufeland's Journal* for twenty years. Diet, exercise, fresh air, baths, all received due consideration in this little work on the treatment of ulcers.

In passing I will only mention two points that deserve extended notice, viz., his preparation of soluble mercury, which was much praised by both chemists and physicians, the latter being particularly pleased with it because of its non-corrosive properties, and Hahnemann's wine test, whereby the presence of acetate of lead in wine could be shown without confounding the precipitate

with iron. In this way he saved from disgrace and ruin many wine merchants who would have been accused of adulterating their wine, because the Wittenberg test then in use made no distinction between lead and iron which might have inadvertently got into the wine. This test is used even to-day in Germany.

The following, which is taken from a letter of Hahnemann to Hufeland, gives us an idea of how he felt at this time in relation to medicine: "It was agony for me to walk always in darkness, with no other light than that which could be derived from books, when I had to heal the sick and to prescribe according to such and such an hypothesis concerning disease, substances which owed their place in the *Materia Medica* to an arbitrary decision. I could not conscientiously treat the unknown morbid conditions of my suffering brethren by these unknown medicines, which, being very active substances, may (unless applied with the most rigorous exactness, which the physician cannot exercise, because their peculiar effects have not yet been examined) so easily occasion death or produce new affections and chronic maladies, often more difficult to remove than the original disease. To become thus the murderer or the tormentor of my brethren was to me an idea so frightful and overwhelming that soon after my marriage I renounced the practice of medicine, that I might no longer incur the risk of doing injury, and I engaged exclusively in chemistry and in literary occupations; but after I became a father serious disease threatened my beloved children, my flesh and blood. My scruples redoubled when I saw that I could afford them no certain relief."

Chemical advancement and translations from English, French and Italian were the means by which Hahnemann eked out a scanty livelihood. It was not the poverty always of a small income merely, but an actual want of the necessities of life. Dudgeon mentions an incident related to him by one of Hahnemann's own family which will convey an idea of their extreme poverty. During his residence at Machern, after toiling all day long at his task of translating works for the press, he frequently assisted his brave-hearted wife to wash the family clothes at night, and as they were unable to purchase soap they employed raw potatoes for this purpose. The quantity of bread he was enabled to earn

by his literary labors for his numerous family was so small that, in order to prevent grumbling, he used to weigh out to each an equal proportion. At this period one of his daughters, a little girl, fell ill, and being unable to eat the portion of daily bread that fell to her share, she carefully put it away in a box, hoarding it up child-like till her appetite should return. Her sickness, however, increasing, she felt assured that she should never recover to enjoy her store, so she one day told her favorite little sister that she knew she was going to die, that she should never be able to eat any more, and solemnly made over to her as a gift the accumulated fragments of hard, dried-up bread from which she had anticipated such a feast had she recovered.

One method whereby Hahnemann saved time, both for translation and experimentation, was his habit of sitting up every alternate night, when the rest were in bed, working at the subject which engaged his attention. It was then that he acquired the inveterate habit of smoking, which he kept up till his death.

Among the works Hahnemann translated from the English was Cullen's *Materia Medica*. Dr. Cullen was a brilliant and popular teacher in Edinburgh, and his work was wanted in Germany. While translating this work Hahnemann was impressed with Cullen's strong recommendation of Peruvian Bark in intermittent fevers, and something in the manner in which Cullen wrote decided Hahnemann to experiment with it upon himself to see what effect it would have on a person in perfect health. Hahnemann described in a foot note the effects, finishing up by saying: "In short, all these symptoms, which are ordinarily characteristic of intermittent fever, made their appearance."

From this single experiment his mind appears to have been impressed with the conviction that the pathological effects of medicines would give the key to their therapeutic power. From this time quiet experimentation opened up the new road along which he was to travel. For six years he plodded on unweariedly in proving and verifying this principle. At first he searched through the books of the old writers to find records of cures which had been made in the past to confirm the doctrine of similars, and of this he found many examples. But when he tried to apply these crude provings he found that they were insufficient for the prac-

tice of medicine. Then began that long and brave series of experimentation upon himself and as many of his pupils as he could enlist, that have made Hahnemann the father of true *Materia Medica* and established Homœopathy upon a broad indestructible foundation.

III. In 1796 we have the first clear enunciation of the law of similars in the new system called Homœopathy, which was published in *Hufeland's Journal*, and entitled "Essay on a new principle for ascertaining the curative powers of drugs."

Poverty was the keynote of Hahnemann's life as an allopath. Persecution was the keynote of his life as a homœopath. Just as soon as Homœopathy raised its head above the crust the war began. Hahnemann had been praised for his scientific researches, his name was guarantee for the accuracy of many chemical facts; but now when he advises the discontinuation of complex prescriptions and the administration of single remedies, first of all his professional brethren, who were jealous of his rising fame, opposed him, and taking advantage of the fact that he prepared and prescribed his own remedies they incited the Worshipful Company of Apothecaries to prosecute him for invading their charter rights. In vain he argued the point, appealed to the spirit of the law, explained the simplicity of his remedies; his enemies were too powerful for him, he was prohibited from dispensing his own medicines, and the hostility of the apothecaries and physicians drove him from the town of Königs-Lutter, where he at that time resided. Wanderings, disasters, persecutions and poverty awaited him in every place he went. Hamburg, Altona, Machern, Dessau, Torgau, all lodged for a short time this medical martyr; but opposition seemed to stimulate him, poverty to quicken his wit, and in it all he perfects the system he has already brought before the world. In 1806 he published in Latin the work entitled "The Medicine of Experience," which was the precursor of the *Organon*. Finding that they could not answer his arguments and overthrow his system his opponents began to vilify the man and used calumny, on the principle that if you throw enough of dirt some of it will stick. Let it suffice at present to say that every accusation was fairly met and answered.

Finding only opposition and contempt from his professional

brethren, Hahnemann ceased to contribute to their journals and thenceforth appealed to the enlightened public through a scientific magazine, in which he published many articles. The number of his non-medical disciples increased from day to day. In 1810 he published the first edition of the *Organon*, and in the following year the first volume of the *Materia Medica Pura*. With a widespread reputation he then returned to Leipzig, where a crowd of patrons and admirers flocked around him and fortune seemed certain. His desire was to open here a school, but this plan failed and he had to resort to the next best thing, which was to deliver public lectures on Homœopathy. In order to be allowed to do this it was necessary that he should first write a thesis and defend it before the Academy of Medicine. Now was the opportunity, his enemies thought, for exposing the ignorance of this much-vilified quack, and they anticipated that he would make a public exhibition of his ignorance. He chose as his subject the "Helleborism of the Ancients," and wrote such a thesis as took the wind clean out of the sails of his opponents. Instead of a cringing charlatan they saw and heard one who had not only read, but could correct the errors in thirty or more different works bearing on his subject, written in Arabic, Greek and Latin, from Hippocrates down. The paper drew from his adversaries an unwilling acknowledgment of its merit and from the Dean of the Faculty a strong expression of admiration.

For eleven years Hahnemann continued to lecture on Homœopathy, to print essays, and publish new editions of the *Organon* and additional volumes of the *Materia Medica Pura*, but again the jealousy of his professional brethren led them to incite the Guild of Apothecaries to try the same game they had played so successfully in other places. Their plots were stopped for a time by the arrival of the Austrian Field Marshal, Prince Schwarzenberg, who came to Leipzig to place himself under Hahnemann's care, as his life was despaired of by the first practitioners of the old school. At first this noble patient was considerably helped, but his disease being an incurable organic affection of the brain or heart, it eventually terminated fatally. This result was taken advantage of by the apothecaries and physicians, Hahnemann's method was blamed for hastening, if not causing, the death of



the great commander, and they soon found no difficulty in getting an injunction hindering Hahnemann from dispensing his own medicines. His practice was gone at once, for he would not write prescriptions to the apothecaries who did not keep his medicines, and he would not prescribe his own remedies secretly, and nothing was left for him but to quit Leipzig. It was while he was in these discouraging circumstances that the Prince of Anhalt-Cöthen, who was an ardent admirer of Homœopathy, offered Hahnemann an asylum in his capital. Thither Hahnemann went, but a changed man. For fourteen years he resided in that town, and his habits during that time became more and more retired. He seldom left the house except to visit his patron prince. All other patients had to visit him, and so his practice was limited mostly to chronic diseases. Behind the house was a little garden, which he used jocularly to observe was very narrow, but it was infinitely high. Here he daily promenaded for a certain length of time, and this, with occasional carriage rides, furnished his sole exercise. But his amazing industry and perseverance never flagged an instant; he worked incessantly and published a third, fourth and fifth edition of the *Organon* and the second and third editions of the *Materia Medica Pura*.

During twelve of these years he studied and wrote in secret upon the Chronic Diseases and their treatment, and in 1828 published the first and second volumes of that work.

Madame Hahneman died in 1830, and after her death two of Hahnemann's daughters kept house for him. Among his patients were nobles and wealthy patrons from all quarters of the globe. From far-off America even there is the report of at least one man, an Iowan, who consulted Hahnemann. Among those who called one day was Melanie D'Hervilly, a young lady from Paris, who came to be treated for a pulmonary complaint which was supposed to be incurable. Hahnemann cured her, but was captivated himself by her sprightly, affectionate manner, and the old man of eighty years married for a second time. Nothing would satisfy his young wife but that he should go to Paris, and all obstacles having been removed by her political influence, he established himself in Paris, with consent of the authorities, as a practitioner of medicine. He already had among the physicians in Paris quite

a number of followers, and those flocked around him and gave him honor. His success in Paris is like a fairy tale. One patient recently described her visit to Hahnemann's salon and says some things that seem almost incredible. His practice was enormous. During his consultation hours strings of carriages for blocks would stand or move slowly in order, discharging at his door their freight of patients. Undoubtedly his practice was both lucrative and large. From among all the royal families in Europe he had many patients, and nobles jostled with plebeians in his waiting rooms in Paris.

The rest of the story is quickly told. An old bronchial trouble became intractable, and finally this illustrious healer fell a victim to the same inexorable debtor from whom he had saved so many in past days.

There is something sad about the burial. It took place in the cemetery of Montmartre in Paris, was attended by only four persons, and resembled more that of a pauper than a wealthy, accomplished and famous man, such as Hahnemann. Motives have been attributed to his widow, which would be difficult of proof, but it is certain that for half a century the grave of Hahnemann was an unmarked, neglected tomb. This very year the body was exhumed and re-interred in the Cemetery of Pere la Chaise, where a suitable monument will be soon erected.

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### A CHAUTAUQUA COURSE.

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If a sufficient number of matriculates can be secured a Chautauqua course will be instituted this winter by the Post-Graduate School of Homœopathics, to be continued in future. This course has been asked for by many who cannot leave home to attend the regular course. The curriculum will consist of *Organon* teaching, hypothetical clinical teaching and *Materia Medica* lectures, with quizzes on all branches suited to the needs of such busy physicians as would gladly learn correct practice.

The full course will extend over a period of six months or more, and the cost will be \$50.00; half course \$25.00. This will enable the matriculate to make the outlay which is proportional to his income.

Applicants for the course may address the Dean, Dr. J. T. Kent, 2009 Walnut street, Philadelphia, Pa.

## DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the *Organon*.

## CLINICAL CASE.

G. M. COOPER, M. D., H. M., Philadelphia, Pa.

This evening I have to present to you a case which has been of wonderful interest to me, and I trust that you may draw from it a few points that may be of value.

The patient is a four months' old baby, and this fact causes us at once to put our whole thought upon the matter, for there is something about the treatment of infants that must appeal to the heart of every physician. They are surrounded by a state of innocence and peace which insinuates itself into the whole household and is reflected on to the physician, who is stimulated to make his best efforts, in fact I may say that this state does give to the physician the power to prescribe in a manner incomprehensible.

If we have charge of the infant from birth and at the same time have the full confidence of the parents, so that nothing is done to interfere with our treatment, then it becomes a beautiful study to watch its progress from year to year. No drug miasms have been engrafted on them, and our remedies are free to act; their systems respond easily to any impression, and our remedies *do* act in a manner most marvelous.

The little child to whom I refer was not so fortunate, as it had been subjected to the usual "cure-alls" of childhood, the paregoric bottle and home-made teas. It was an adopted baby, possibly born of illegitimate parents, which fact weighed heavily against it, as babies conceived in a clandestine way bear the

marks of this ill-mated union. Being thus deprived of its mother's milk it had been fed on condensed milk at irregular intervals and in varying quantities. These facts, together with poor treatment and lack of attention, made its poorly nourished and sick body an unfitted receptacle for its soul, so that death threatened.

On June 16th, at 2 P. M., I first saw the child; the little thing was emaciated, and its nerves were in a high state of excitability, so that the least noise, as the slam of a door or the passing of a street car, would cause it to start from its sleep. While awake it was satisfied if it could be held in its mother's arms, with its face close to its mother's; it would cling to her as if frightened, especially when laid on the bed. Gentle motion was agreeable to it. Whenever it would urinate it would cry before the urine was passed. The mother told of a sore mouth the week before, also convulsions for three weeks, they being brought on by the striking of a clock or any noise. On this totality Borax cm. was given.

At 7:30 P. M. of the same day I was called in great haste, as the child was in a convulsion. It had not slept or nursed all afternoon, a fretful state had developed and then suddenly came the convulsion. The eyes were glassy and rolled up, the face pale, drawn about the nose and mouth; the mouth partly open and the lower jaw drawn forward and backward with each respiration; nostrils dilated and breathing heavily through them; respiration slow, stertorous, difficult; total loss of consciousness; head drawn back, as well as the feet; constant motion of arms and feet; thumbs clenched in palms; abdomen distended and tympanitic.

I appreciated the fact that the child was near death, but no symptom image guided me to a remedy and I trusted that I should see one later if the case was curable. It was just 8 o'clock when I leaned over the bed to listen to its respiration, and as its breath struck my cheek I felt that it was as cold as ice. I put my hand to its forehead and then its feet and they were the same way—cold as ice. I quickly asked the mother about this and she said the breath had been cold all afternoon and that the whole child seemed cold, so that she had to cover it up to keep it warm. *Veratr. alb.* cm. was given, a few pellets dissolved in a teaspoonful of water and allowed to trickle down the throat, as

the child could not swallow. In but a short time a cold sweat broke out on the child's forehead and about its mouth; its feet became warmer, its eyes brighter, and consciousness gradually returned, so that in two hours it was sleeping quietly, rousing up from the least noise, however. It passed a restless night and began vomiting the next morning everything taken into its stomach, and a condition horrible to look upon was a twitching and trembling of the whole body; a twitching of the hands, of the lower jaw, of the eyelids and of the muscles of the nose. After this would cease the child would break out in a warm sweat. These spells of twitching would come frequently, and between the spells the child would tremble or keep one of its hands in motion. It would sleep but a short time and preferred to be carried about. Its breath was warm and at six o'clock passed urine for the first time during the day. The child was on Placebo all day.

The next morning the state was not much changed; the child was weaker, no urine was passed and the vomiting continued. I considered the poor food that had been put in the child's stomach and gave her *Ipec.* 45m. From that time she began to improve. In four hours she had retained three teaspoonfuls of milk and in six hours had taken a half bottle of milk. The twitching resolved itself more into a distortion of the facial muscles and the face would get very red before this distortion would begin. During the morning of this day a yellow stool was passed with great difficulty, and during the afternoon a green, slimy stool. During the night the baby slept three hours without waking and took a half bottle of milk in the morning. For the first time it uttered a faint cry; before this it was so utterly exhausted that it lay on the pillow and not a sound came from its lips. The convulsive movements were less severe, and I noticed that the right upper lid seemed paralyzed. At noon the baby seemed worse; it took no milk and vomited during the morning. *Ipec.* cm. did no good, and at 8:30 the breath was becoming cold, so *Veratr. alb.* cm. was given. The next morning the report was, marked improvement, slept five hours during the night, began taking food after the last medicine, and the mother was happy over the fact that the child had taken four bottles of milk that morning and it

was only 9:30 then. Do you wonder that it had it had six white, curdy stools within an hour following that ?

The next day the baby was better; it had a good sleep during the night; the convulsive movements stopped and the mother said the child was nursing all the time. Towards evening it showed symptoms of a returning convulsion and *Veratr.* cm. was given. The next day it was better and would try to laugh when amused. For four days steady improvement was noticed. On June 26th, just ten days after my first visit, a colic developed; crying out as if in pain, > lying on abdomen. It was next to impossible to regulate the diet, as the mother had no idea of the care of children. Consequently it nursed all day; it constantly had the bottle to its mouth. On this day it acted as if sick at the stomach, so *Ipec.* 45m. was given. The next day still cross and colicky; passing large quantities of offensive urine; sleeping well in daytime, but poor at night. *Coloc.* cm. given, but it probably had no relation to the case. Two days later the following symptoms developed: Paralysis of the right side of the body, arms and legs; head drawn to right side; passing much flatus with noise; cries with pain and draws legs up. > passing flatus; nervous; < towards evening; very hungry. *Lyc.* 43 m. In four days it had regained full use of the right side. I put it on cow's milk and Just food, and made one last effort to have this given according to instructions; but to no avail, as I discovered the mother dumping a lot of sugar in the milk a week later, having discarded the Just food; this accounted for the profuse, gushing, noisy, offensive, watery stool, containing yellow curds and some green. The sugar was stopped and the child improved. July 15th found a horrible condition of the mucous membranes of the mouth; large, deep, bleeding, irregular ulcers covered the roof of the mouth and the posterior part of the gums; the lips cracked; offensive odor; the mouth full of much slime, which was vomited up by the mouthful and is dark, bloody. Bowels: stool watery, frequent and very *offensive*; constant restlessness. These symptoms, taken with the fact that the condition developed at 1 A. M., led to *Arsen.* 90 m., which relieved.

A few days before this the room had been freshly painted, and I realized that the child could not progress properly in those sur-

roundings so, on July 18th, it was sent to the country. Its symptoms were: Emaciation; top of head sinking in; hunger, but vomits milk in five minutes; stool white and crumbles, and sometimes yellow, like dirty water; and the particular symptom, that the indicated remedies act but a short time. *Sul.* 55m. finished this case, and the baby is fat and happy at the present time.

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### A SENSITIVE SUBJECT.

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By DR. DUDGEON.

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Many cases of extreme sensitiveness to the action of some medicines have been recorded, but probably none has ever exceeded or even equalled the sensitiveness to the action of all medicines of that singular and mysterious being Caspar Hauser. This unfortunate young man was found by the police aimlessly wandering about the streets of Nuremberg in the spring of 1828. He was placed under the care of Professor Daumer, who taught him to speak, and gradually elicited from him that he had hitherto lived in a dark underground cellar and fed on black bread and water. He had been deprived of all intercourse with his fellow-creatures, and though of mature age he had at first no more intelligence than a baby. However, he showed a remarkable power of learning all that was taught him, and rapidly acquired the power of speaking, writing, doing simple sums in arithmetic, drawing and playing on the piano. For a long time he was painfully affected by bright light and loud noises. He could distinguish colors in the dark, and felt acutely the slightest blow or touch and strong perfumes would bring on convulsive attacks. For long he would not eat anything but the black bread on which he had been reared. He was very subject to convulsive attacks, and he soon became seriously ill, for which he came under the treatment of Dr. Preu, an ardent homœopathist, who has given an account of his medical observations on this remarkable patient in the eleventh volume of the *Archiv für die hom. Heilkunst*.

Dr. Preu found that the simple lessons he was taught caused an increase of the convulsive movements, and brought on severe headache; so the lessons were discontinued and he was allowed to

play about in the garden and have moderate horse exercise. In about ten weeks he was pretty well, and it was found that he had grown two inches taller. But his extreme sensitiveness to external impressions remained. A mere touch of the bare hand he felt like a blow. If the hand that touched him wore a glove he did not feel it so much. All excitement brought on convulsive movements in the face and left arm. His acuity of vision was extraordinary; at a distance of one hundred paces he could count the berries on a bunch of elderberries; he could tell colors in total darkness, and he saw best in twilight. His sensitiveness to odors was extreme. A bottle of perfume opened in his room caused convulsive movements. He said it caused a painful sensation in the head that extended to the eyes, went down both sides of the head through the cheeks in a line on both sides, which seemed to unite in the stomach, where it caused a pressure in the scrobiculus cordis, followed by eructation and waterbrash. In a quarter of an hour only the headache and pain in the eyes remained. He longed for the open air. After walking a little he had chills with repeated eructations, followed by heat, and lastly sweat on the forehead.

His diet, which had hitherto consisted of black bread and water, was gradually changed to vegetables, soup, milk and white bread. It was long before he could be induced to take animal food, but after three or four months he ate and enjoyed a plentiful meal of meat.

He was a good medium for mesmerism and clairvoyant. He had many premonitions of coming events. He foretold his attempted assassination of the 17th of October, 1829. (He was really assassinated a few months later.) He could tell the approach of his tutor, without seeing him, at 125 paces distant. A thunderstorm affected him powerfully. It caused convulsive movements in face and limbs, a feeling as if everything inside of him was loose and in motion; he shivered frequently, had a feeling of pressure in the head, and all this lasted till the storm was over, when his nose bled and the head was relieved. The lightning flash caused a pricking as with needles in his eyes. The lunar changes acted remarkably on him. Just before full moon he felt unwell, had oppression of chest, rigor all over the body



even when the weather was warm or he was in a warm room. As the moon waned he felt better.

Dr. Preu gives a detailed account of the effects of medicines on Caspar Hauser. *Sulphur*. Smelling at a bottle containing the 3d dil. he perceived an odor like alum in the nose and a vesicular eruption appeared on a part of his face where he had long since had a similar eruption. In ten minutes the vesicles had developed and burst. He next had repeated loose stools. The second and third day epistaxis. During the next three days he developed many of the *Sulphur* symptoms recorded in Hahnemann's proving and also some new symptoms, such as: Hot feet, tightness of skin of feet when walking, his breathing was easier when lying on the left than on the right side, palpitation on going to sleep. When looking up, bits of gold seemed to fall before his eyes; on looking at anything he saw blue, green and red stripes. When walking in the open air his hands perspired so profusely that his gloves were completely soaked. Many of these symptoms recurred during the next three weeks.

*Silicia*. Smelling at a bottle filled with globules of the 30th dil. caused him immediately to perceive various odors, viz.: of wine, of sugar, and another indescribable odor. He grew pale, tottered and felt as if he had received a violent blow. He said he felt the medicine first in his head, then in his body and all his limbs, then back to his head, and his forehead was covered with perspiration. Next, nausea. After half an hour violent eructation, at first odorless, then with a peculiar smell perceptible to the bystanders. Besides many other of Hahnemann's symptoms he complained particularly of the following symptoms, some of which are not to be found in Hahnemann: something alive running about in his head, shooting in eyes, pupils dull, a red spot on lower lid, burning in eyes and lachrymation. During the second and third days, pressure in eyes down to the chin; shooting from nape to right ear; red sediment in urine; for four days the hair fell out in large quantities; for five days headache when walking; once when he struck his foot against something he felt a violent pain in his head as if the brain would be forced out. For seven days he loathed meat. On the twelfth day nausea and a recurrence of the peculiar odor, followed by vomiting of bitter water and

mucus; then a red eruption on forehead and below eyes and headache. Fetid mucus on the tongue. Great prostration, cannot write; eyes affected, cannot read, eyes water. For fourteen days singing in ears, chiefly in afternoon. Affrighted starting; stitches in feet and burning in all limbs. After two weeks a sensation as if something pressed upon head and as if a thread were bound round the head. During all this time the night perspiration was increased.

*Ipecacuanha*. While making a morning call in a house where there was a strong smell of varnish he was attacked by a violent and continuous spasmodic cough. When this had lasted from 3 till 8 P. M. he was made to smell at a bottle full of globules of *Ipec.* 6. The cough was thereby immediately increased, but ceased completely in a quarter of an hour. Then came on heat, violent pain in chest and head and inflamed eyes. If he lay on his left side he had dyspnœa, with pressure and stitches in the left side of chest, as though he should be suffocated. Great sensitiveness of the hearing. Groaning; cannot hear what is said; sleepless night. In the morning expectoration of greenish-yellow mucus with some blood; jaundice all over body. For this he had to smell.

*Nux vomica* 6. Immediately aggravation followed in half an hour by amelioration; at noon, tongue white, great pain in throat, much mucus mixed with blood from mouth; second night, sleepless; third day, chilly; during the day alternate heats and chills; vomiting at night, much blood from throat; third night, sleepless; fourth day commences with feverishness; burning in throat when swallowing soup. For many days there remained prostration, weakness, disturbed sleep, weakness of eyes, inability to do mental work.

*Sepia*. Smelling at the 30th dil. caused a great number of the symptoms recorded by Hahnemann and some others. The voice became rough, as from catarrh. Speech was slow; gait unsteady. In the afternoon a febrile attack like that recorded in the pathogenesis. Sudden, burning eruption in the neck that declined towards evening. Face very red, veins of arms and hands distended. When walking in the evening felt as though ants crawled up his legs to the pit of his stomach, when he felt pressure in chest; profuse sweat, pain in limbs. The febrile attack lasted an

hour, and ended with violent rigor. Great prostration next day, pressure in forehead. In bed before falling asleep tearing pains in joints and other parts of body. Night sweat so profuse he had to change his nightshirt. Second day, in evening ringing like a bell in right ear with headache; then he felt as if a drop fell down on the right side of the head, whereupon the ringing ceased but the headache increased.

*Arnica.* One day he got a blow on the right hip-bone. The pain from it spread up the back to the nape, then came a tearing pain in left eye, with heat of body and headache. The bruised part remained painful and he could not lie on his back. For this he got *Arnica* (dilution not stated) to smell. He had the same pain as from the blow but in a reverse order. It was first in his head, then in the left eye, and then a tearing pain from the nape down to the bruised spot; then the pain spread back to the nape, a chill came on and the pain ceased.

*Calcarea.* As Caspar Hauser was at this time (August, 1829) gaining flesh, and as he objected to being fat, this medicine was given him in the 30th dil. by olfaction. (Hahnemann says it is useful in the obesity of youthful subjects.) Immediately there occurred cough and compression of head; strong smell from mouth; feeling of debility after stool. The second day already the clothes had become looser. He became excoriated by walking and riding; loathing at meat; great falling out of hair; swelling of veins of hands with heat of face. He daily decreased in size.

Caspar's attempted assassination on the 17th of October, 1829, interrupted the series of experiments with medicines for a while. The wound and the shock threw him back into his previous condition of hyper-sensitiveness to all external impressions, and it was long before he recovered from the effects. His restoration was chiefly effected by mesmerism, to which he was extremely responsive. *Lycopodium* also was of use. After this Caspar passed out of the care of Professor Daumer and Dr. Preu, and, as is well known, a second attempt at assassination proved more successful than the first and terminated the career of this mysterious and interesting youth, and deprived Homœopathy of any further revelations in respect to the influence of minute doses on a subject of such exceptional sensitiveness.—*Homœopathic World*, Oct., 1897.

A NEW ASSOCIATION.

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*Mr. Editor :* Since it is so well known that your JOURNAL upholds a high standard in Homœopathy, why would it not be a good thing to initiate a move for the organization of all our good Homœopathic workers under one form? It is too well known that the A. I. H. cannot become a home for the followers of Hahnemann. The quasi-liberality and old school proclivities of that body make it an undesirable abode for men who follow law. The I. H. A. has steadily declined until the Atlantic City meeting was a mere handful compared with the old meetings at Saratoga, Long Branch, Watch Hill, Richfield Springs, etc. Why is this so? Can it be that the lengthy "By-Laws," complicated memberships, plan of government, have been the cause, or has it been due to the petty bickerings of members? Why have so many of the self-respecting members remained at home when there is such a need for concertive action.

It should not be supposed that any organization shall be able to keep clear of heretics. It is only to be mentioned in proof of this statement that the new society organized by Biegler, Thurston and Kimball, viz: the Society of Homœopaths, soon had to oppose the burning fad, antidotalism, in spite of their limitations on quality and numbers. This little squad is not happy. Too much organic network of constitution and by-laws will kill any medical society as rapidly as lack of attraction in the papers read and the talks listened to and the faces looked at.

The old men like Lippe, Wells, Pearson, Hawley, and a few others, could draw a crowd from all quarters. Men wanted to see them and hear them talk. There are men to-day who could draw all the followers of Hahnemann in America, if they could only agree and come out and have a talk. If Biegler, Wesselhoeft, Fincke, Thurston, Kimball, Rushmore, E. E. Case, H. C. Allen, A. R. Morgan and a dozen more such men were announced to be present a grand old time would be had. No matter what name they organize under these men will draw a meeting of respectability. The younger men will fall into line and make good listeners. The I. H. A. as it is will never perform

that work, as it is conducted by men who cannot command the respect of the faithful masses in America. If the men mentioned above would shake hands and come into the work all doubt of a successful organization would be over.

What shall it be? A new organization under a new name or re-organization of the I. H. A? Why cannot the JOURNAL work up this matter and aid in forming a new organization or reforming the old so that the good old times may be ours.

The author of this complaint has the welfare of Homœopathy at heart, but as this complaint may receive sharp criticism I simply sign myself a  
MEMBER.

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### ANNOUNCEMENT.

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As we frequently receive from subscribers letters containing questions on homœopathics and knotty points on *Materia Medica*, we have decided to open a new department in the JOURNAL in which all such questions can be answered for the benefit not only of the correspondent but of others who may be interested in the same matter. We will publish the question and when practicable it shall be accompanied by the answer in the same issue, but in many instances the question merely will be inserted and answers solicited from subscribers. We hope in this way to have an interchange of views among our friends.

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### BOOK REVIEW.

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**CHANGE OF LIFE IN WOMEN.** By J. Compton Burnett, M. D.  
Philadelphia: Boericke & Tafel. Price, \$1.00; by mail, \$1.06.  
Pp. 185.

In this much neglected subject Burnett says many good things. In fact, of the many choice brochures from this same source, this is one of the best. He teaches a lot of homœopathic doctrine, says it forcibly and hits the old ways hard. Many of his cures are anything but homœopathic.

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BOOK NOTICE.

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DR. C. M. BOGER, Parkersburg, W. Va., has translated for publication Bönninghausen's Repertory of the Antipsoric, Antisyphilitic and Antisycotic Remedies. The translation is ready for the printer and will be published as soon as a sufficient number of subscribers can be obtained to guarantee the first cost. Address Dr. Boger.

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BOOKS RECEIVED.

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From THE F. A. DAVIS COMPANY, Philadelphia, the following: A Primer of Psychology and Mental Disease, by C. B. Burr, M. D.; Eye Strain in Health and Disease, by A. L. Ranney, M. D.; Practical Urinalysis and Urinary Diagnosis, by Charles W. Purdy, M. D.; Diseases of the Ear, Nose and Throat, by Seth Scott Bishop, M. D.

From BOERICKE & TAFEL, Philadelphia: Renal Therapeutics, by Clifford Mitchell, M. D.

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WILD CHERRY.

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WM. JEFFERSON GUERNSEY, M. D.

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The presence of Wild Cherry in PERFECTION LIQUID FOOD has not failed to catch the eye of the captious Homœopathician who forbids pepper and salt to his patients and eats his salad without vinegar.

As it is a matter of "business" to satisfy these critics, the following is offered as an explanation:

In the wild cherry used the stone is not crushed. "Then the food doesn't contain any wild cherry after all!" exclaims one whose dictatorial letter lies at the bottom of our waste-basket. Oh, yes, it does. When you state that you have eaten peaches you do not imply that you have consumed the stones; and while

it is common to find the wild cherry of bar rooms made by crushing and macerating them in whisky, the preparation we use is not of that sort, first, because it contains a sediment that it is almost impossible to get rid of even by re-filtration, and second, because it cannot be obtained in uniform quality in sufficient amount for our purpose.

We buy a fruit juice which is made in California and shipped here in bulk. It is "half and half" of the ordinary and the wild cherry, contains but little alcohol, is free from sediment, and has a delightful "cherry-bounce" flavor without being so intoxicating.

The thoughtful objectors should know (but objectors rarely think) that *some* positive taste is necessary to hide the unpleasant one of the peptones, and that of this fruit is open to disapproval less than any other now in use. Besides this it is just bitter enough to be appetizing.

Before any objection is raised to this, too, the writer will relate a little incident that his uncle, the late H. N. G., once told him of having experienced. A sea captain had consulted him about a certain form of indigestion that he had suffered from for years during every voyage, and for which the doctor gave him *Lyco-podium*; and the nautical patient dashed off for his ship, which was on the point of sailing. About a year after he sauntered into the doctor's office declaring that he wanted "some more of those powders," as they had helped him at once, one powder being sufficient to ward off an attack. Having more time, my uncle explained to him the necessity for avoiding coffee while taking it—the *Lyc.* On being told the why and wherefore the Captain declared that he had taken nine cups a day all the time he was gone and it "hadn't hurt the medicine a d—— bit."

No one has adhered to pure Homœopathy in the strictest sense of the word more faithfully than the writer. There have been far better prescribers, but none more loyal to straight principles; but when it is observed that the mild *Natrum mur.* will antidote the baneful effects of strong caustic; that one dose of *Malandrinum* will prevent the vaccine virus from "taking;" when *Tabacum 50m.* will antidote a tobacco poisoning in a four months' old infant while the child is still living with the cigarmaking parent;

when all these, and many more, are personal observations, the writer cannot bring himself to believe that any natural fruit juice is likely to interfere with the potentized Homœopathic remedy, if it is wisely chosen; and while the early impression of the old masters was in favor of proscribing all condiments from the invalid's table, they, most of them, lived long enough to alter their minds.

Grape juice is much used as a fruit tonic, and a very good one it is; but it should be known that in all commercial preparations of it Salicylic acid has been put to prevent its souring, and that is surely far more objectionable even than the cherry stone.

But enough has been said. Patients want something to "keep up their strength," and they are going to have it, or think that they get it, whether you know it or not, and it is working on good business principles to prescribe for them some prepared food that is easily assimilated and "tonic" in a true sense of the word.



## Directory of Homœopathic Physicians.

---

**H. Becker, M. D.,**

1330 West King Street,  
TORONTO, ONTARIO,  
CANADA.

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ADVERTISEMENT.

# The Homœopathic Therapeutics of Diphtheria.

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PRICE: Cloth, 65 cents; Paper, 50 cents.

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BOTTLE-FED BABIES thrive on cow's-milk containing a little of this Food better than on anything else.

It requires no cooking : is ready for immediate use : is economical to use : and keeps well.

PRICE : for sixteen ounces, 75 Cents.

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with a concentrated  
extract of Malted Wheat,  
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IN GENERAL DEBILITY with Loss of Appetite and Weak Digestion : take a tablespoonful from three to six times daily : or, to a tablespoonful of the FOOD add a teaspoonful of sugar and half a glass of milk : to be taken between meals.  
IN ACUTE DISEASES : one to four teaspoonfuls every one to two hours.

INFANTS : under 3 months, 1 teaspoonful of FOOD and 1 of sugar to 15 to 20 of warm milk : 3 to 6 months, 2 to 3 teaspoonfuls of FOOD and 1 of sugar to half a pint of warm milk : over 6 months, 3 to 4 teaspoonfuls of FOOD and 1 of sugar to half a pint of warm milk.

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(REGISTERED)

# Roster of the Philadelphia Post-Graduate School of Homoeopathics, 1898-99.

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10-11 A M	Physiology DR. FARRINGTON	Pædiatrics DR. GLADWIN	Gynecology DR. LOOS	Physiology DR. FARRINGTON	Pædiatrics DR. IVES	Materia Medica Quiz DR. EDWARDS
11-12 M	Materia Medica PROF. KENT	Organon PROF. KENT	Materia Medica PROF. KENT	Organon PROF. KENT	Materia Medica PROF. KENT	Cl. Medicine DR. COOPER
12-1 P M	General Clinic DR. COOPER Eye and Ear DR. REGER	General Clinic DR. CAMERON	General Clinic DR. COOPER Eye and Ear DR. REGER	General Clinic DR. CAMERON	General Clinic DR. COOPER	General Clinic DR. CAMERON Eye and Ear DR. REGER
4-5 P M	Women's Clinic DR. LOOS. Children's Cl. DR. IVES	4:30 p. m. Children's Clinic DR. GLADWIN	Woman's Clinic DR. LOOS Children's Cl. DR. IVES	4:30 p. m. Children's Clinic DR. GLADWIN	Woman's Clinic DR. LOOS Children's Cl. DR. IVES	4:30 p. m. Children's Clinic DR. GLADWIN
8-9 P M	General Clinic DR. FARRINGTON	Men's Clinic DR. BOGGESS	General Clinic DR. FARRINGTON	Men's Clinic DR. BOGGESS	General Clinic DR. FARRINGTON	Men's Clinic DR. BOGGESS

# Journal of Homœopathics

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## DEPARTMENT OF MATERIA MEDICA.

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### KREOSOTUM.

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Lecture delivered by PROF. J. T. KENT, at the Post-Graduate School.\*

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There are three things that stand out most prominently in Kreosotum, and when they appear together the symptoms in minor degree will be likely to be associated. These three characteristics are: 1. Excoriating discharges; 2. Pulsations all over the body, and 3. Profuse bleeding from small wounds.

When these three things are associated in a high degree think of Kreosote and examine it in reference to your case. A prick of a pin will cause the oozing of bright red blood, and mucous membranes bleed easily. Any pressure upon the mucous membranes will cause oozing. Bleeding here and there about the body. The lachrymation is excoriating. It excoriates the margins of the lids and cheeks, and they become red and raw, and they smart. If there is a purulent discharge it is acrid. The corners of the lips and the mouth are red and raw, and the saliva burns and smarts. The moisture about the mouth, whatever it may be, excoriates and the mouth is raw. The eyes smart and burn as if raw. The leucorrhœa causes smarting and burning about the vulva, so that the mucous surfaces of the labia are red and raw, sometimes inflamed, but always burning. The vagina burns during coition, and there is bleeding after coition; granulations of the vagina and

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\*Stenographically reported by Dr. S. Mary Ives.

os uteri, so that the pressure of the act of coition brings on bleeding and burning, smarting and excoriation. And the male organ will smart and burn after coming in contact with the secretion of the vagina during coition. The urine burns and smarts. This tendency to excoriation from the excretions and secretions applies to all the tissues of the body.

Every emotion and exciting circumstance is attended with throbbing all over the body, pulsation to the ends of the fingers. Every emotion is attended with tearfulness. Music that will in the slightest way excite the emotion, minor strains and music that strikes home to the heart, pathetic music, will bring out tears that are acrid, and palpitation and pulsations that are felt to the extremities.

When the Kreosote sore throat is present the least pressure of the tongue depressor will establish oozing, little drops of blood will appear. During the coryza there is nose bleed. When the eyes are red and raw and inflamed, they will bleed easily. If an individual pricks the finger the blood will not merely be a single drop, but a good many will flow. Prolonged hæmorrhage from the passages; hæmorrhage from the kidneys, from the eyes, the nose, the uterus. Hæmorrhage after coition. Tumors bleed easily.

These are the most marked features of Kreosote. If you fix these in your mind, you have what may be called a Kreosote constitution, out of which may come all the rest of the symptoms in all their minutiae, and little symptoms and fragments in every organ. You have in this one group the strong features of Kreosote. No matter how many particulars you may have in a case, if you do not have something of these general features you need not expect to find your patient constitutionally cured or relieved by Kreosote. These may be considered the essentials.

Mentally the patient is so irritable that there is nothing on the face of the earth that can appease him. The wants are so numerous that nothing satisfies. The patient wants everything and is satisfied with nothing, that is, he wants something and when he has it he does not want it. That is the state of irritability and lack of satisfaction in a chronic condition. Applied to the infant, we get a Kreosote infant. You see the child in the

mother's arms. It wants a toy, and when given it slings it in the face of somebody; it wants this and that and something else, is never satisfied, always wanting something new—a new toy which it throws away the moment it gets it and then calls for something else. The lips are red and bleeding, the corners of the mouth are raw, the eyelids red and the skin excoriated. If it has, in connection with all this, loose passages from the bowels and you examine the fissure between the nates, you will find it is red and raw. If the child be old enough to make such motions he will put the hands upon the sore genitals and fissures and cry and scream out in a most irritable way, because of the smarting and burning. Such is the Kreosote baby. It may be suffering from cholera infantum; it may be subject to wetting the bed; it may have spells of vomiting, in which it vomits all its food; nevertheless, it is a Kreosote baby. Kreosote has attacks of diarrhoea and vomiting; all sorts of disturbance of the urine; great distension and trouble with the bowels; abdomen distended from flatus. You look over the whole case at once as a Kreosote case, because of these general features that can be summed up in the aspect of the child.

Adults have periodical headaches. For instance, take a woman who has a waxy countenance. It is sometimes difficult to say just what we mean. I confess this moment it is difficult for me to describe the Kreosote face as I see it clinically. You do not find these things in books always; if I could turn to the book and read it now it would be so much easier. The Kreosote face has a yellowish pallor; it is a sickly countenance, semi-cachectic, intermingled with blotches that are reddish looking, as if erysipelas were going to set in. In olden times this countenance was called a scorbutic countenance. The constitution could be called scorbutic if that word brings anything to your mind.

Take a woman with this kind of countenance; at every menstrual flow she complains of much swelling and rawness of the genitals; the flow is copious, clotted, stops and then starts up again, comes too soon and lasts too long; at times it is black, very foetid, produces rawness upon the thighs and all over the genitals, with much swelling; at every menstrual period there is rawness of the lips and cracks and fissures in the corners of the mouth;

the tears at the same time become acrid; at the menstrual nisis all the fluids of the body seem to be made of acids and they burn and eat wherever they touch. Very often there is a loose stool, which is also acrid and starts up a burning and smarting of the anus at the menstrual period. All the symptoms are worse at the menstrual period, sometimes in the early part, sometimes at the middle, sometimes all through, and sometimes at the close of the menstrual nisis. Something more about the scorbutic constitution is brought out in relation to the gums; the gums become puffed and red and tumid and settle away from the teeth. They become spongy and bleed easily. In the mouth there is much ulceration and little ulcers spread from aphthous patches, smarting and burning; the tongue has ulcers upon it, which bleed easily upon touch.

This general state takes on symptoms of an acute appearance. At the close of a typhoid fever hæmorrhage from the bowels, bleeding from the mucous membranes. The mouth becomes raw, and wherever there is a mucous membrane there is rawness, and the fluids that ooze continue to eat away and cause ulceration. If at the close of a typhoid fever, when the time comes for convalescence to begin, it does not begin, Kreosote comes in then also. Instead of convalescence vomiting comes at the close of a typhoid. Vomiting, bleedings, diarrhœas, and all of them acrid. The fluids vomited from the stomach are so acrid that they seem to take the skin off from the mouth, set the teeth on edge, make the lips raw. So excoriation from acrid fluids, as well as throbbing all over the body, are features that you must bear in mind with Kreosote.

The discharges from the body are offensive; offensive, bloody, acrid discharges from the nose; offensive, watery discharges from any part of the body, sometimes even putrid; the leucorrhœa is very offensive. Rapid emaciation, with spongy, burning ulceration, pus acrid, ichorous, foetid and yellow. Sometimes the inflammatory condition will run so high in an ulcer, only a small ulceration, that gangrene will set in, and hence we have a gangrenous ulceration; gangrene of parts that are inflamed. Very low formations occur upon the margins of mucous membranes; crusts form. Indurations under the crusts, and the crusts continue to



form. The circulation is so poor, so feeble in the parts all about the margins of the lips and the corners of the mouth, and corners of the eyes, and eyelids, and upon the genitals, and there is so much venous engorgement that crusts form and ulcerate and bleed and pile up, and this continues until a phagedenic spot comes. This condition is so much like epithelioma that Kreosote has actually cured epithelioma. This may seem strange to you, those of you who have never seen those things, and you can probably hardly believe that epithelioma can be cured by medicine without putting a knife to it. I hope you will be proficient enough in your prescribing that you may be able to see these things yourself. It does, of course, require that you should get the right remedy. But some constitutions are so depraved that they could not be cured by anything.

The next striking thing in Kreosote is its stomach symptoms. Soon after eating there comes a burning pain in the stomach, and then a sense of fulness and an increasing nausea, ending in vomiting of the food, which looks as it did when taken; it looks undigested, but it is sour and acrid, coming up an hour or two after eating. Vomiting, vomiting, vomiting, the stomach seems unable to digest, and after the patient empties it there is constant nausea. After a swallow of water a prolonged bitter taste remains in the mouth, a symptom that is not very striking, but has been observed. There is aggravation from eating cold things and relief from warm diet. In malignant diseases of the stomach when this symptom is present, Kreosote becomes a great palliative; it relieves the burning and improves the digestion for a while, but the trouble comes again. It does not cure, it palliates. Many times our remedies furnish us the greatest known palliation in cancerous affections. Homœopathy should at all times furnish a degree of palliation in cancerous and other incurable malignant diseases of the stomach. This palliation will bring more comfort to the stomach than can possibly be brought about by Morphine, etc. I have watched patients under Morphine and under homœopathic medicine, and as a mere matter of comfort I will take the homœopathic medicines every time. That has been the experience of a great many. When you hear a homœopath say that he prefers anodynes in cancerous affections of the stomach and in other pain-

ful affections, it is pretty sure evidence that he is a poor prescriber, that he is incompetent, that he is not able to find the medicines that are suitable for the patient.

Kreosote is a great medicine for diarrhoeas in the summer, especially for infants. The infant that I described as to his temper may be the infant suffering from the worst forms of summer complaints, or having a light attack of cholera infantum. Or he may be "teething," as they say, and suffering from the troubles that are sometimes associated with teething. Do not understand from that that teething is a disease, or that teething really makes children sick. They have troubles at the time of teething only because they are sick, and if the child were not in disorder he would not have trouble when teething. Teething is a crisis, and the things that are within will come out at that time, just as there are troubles that are likely to come out at the time of puberty and at the climacteric period.

A marked feature of the Kreosote constitution is that when the desire to urinate comes he must hurry or the urine will escape. The urine is passed during sleep. Bloody urine; clots in the urine; acrid and excoriating urine; weakness of the bladder, inability to hold the urine. When the time comes to pass the urine he must make great haste. Smarting and burning in the pudenda, during and after micturition. "Sugar in the urine." It has cured cases of diabetes. Generalize the things we have said, and you will see what kind of a diabetic patient will need Kreosote.

I have described sufficiently the troubles of the female in general, to give you an idea. The menstrual flow is copious, intermittent, putrid.

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#### KALI IODATUM.

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This medicine is an antipsoric and antisiphilitic. It has been used very extensively by the old school as an antisiphilitic, but in the very large doses which they used it became to a great extent allopathic to the disease, because of the tremendous effect it produced upon the economy, and implanted its own miasm upon

the economy, and thereby in a measure it suppressed a great many cases of syphilis that it did not cure. The medicines that are the most powerful substances are really those that sustain a homœopathic relation to the disease in general, and of these the very smallest dose that can possibly be measured out or discovered will cure when it is similar. When the remedy is not similar enough to cure in such a form the increasing of the dose does not make it homœopathic. There is an idea in vogue, or at least you would think so from the actions of some men, that increasing the the dose makes the medicine similar. That is going away from principle. If the medicine is not similar there is no form of dose that can make it similar.

This is a very deep-acting medicine. It affects the glandular structures and the periosteum a good deal after the manner of syphilis. It produces catarrhal inflammations after the manner of syphilis. It is a deep-acting medicine and closely related to *Mercurius*. It has ulcerations and catarrhal states and glandular affections like *Mercurius*. It is similar enough in its action to be related to *Mercurius* and to act as an antidote to it.

The old subjects who have been always taking calomel or blue mass for their bilious complaints will in time become subject to frequent coryzas, constipation, pains and aches, and disturbance of the liver, and disordered stomach, and must have another dose of mercury. Some of these cases need this medicine, the *Iodide of Potassium*. If you practice medicine in a neighborhood where there is a very poor homœopath you will find that he is giving the Binioidide, or some other preparation of Mercury, for almost all of his colds or sore throats. Well, this establishes upon all of these patients an over-susceptibility to the weather changes, and they keep taking these red mercurial powders. Some of them carry them around in their pockets. But the more they take of these red powders the more frequently they have sore throats and colds. Many times they will not get over these troubles without the Iodide of Potash in potentized form, or *Hepar*. *Hepar* and *Kali iod.* are the two principal medicines that this kind of patient needs. Individuals with this susceptibility to colds and sore throats and weather changes, that is, from the effects of Mercury, who have been led into a Mercurial state, run two ways. Those

who are invariably shivering and cold, and want to hover around the fire, and cannot keep warm, will have their Mercury antidoted by *Hepar*; and those that are always roasting and burning up, that want the covers off, and want to be in constant motion, extreme restlessness, very tired when keeping still, will have their Mercury antidoted by Potassium hydriodicum, by this medicine we are talking about. The Mercurial state will be antidoted, but it sometimes takes several prescriptions. The psora, that is, his chronic state, will not manifest itself until you have lifted off this miasmatic state, which has been caused by *Mercurius*. It is astonishing to see what a great number of men, women and children are bowed down and forced into grief by the miasm that Mercury produces, and yet those mongrel prescribers go on giving this form of Mercury and say it is practicing Homœopathy.

This medicine has a peculiar mental state. There is a very strong degree of irritability, cruelty, and harshness of temper. He is harsh with his family and with his children; abusive. It will take all the sense of refinement out of his mind and then he will become sad and tearful. Extremely nervous, and must walk, walk, walk and be on the go. If he remains in the house in a warm room he becomes weak, prostrated and tired, and feels as if he could not stir, does not want to move, and does not know what is the matter with him. He is worse in the warmth of the house, but as soon as he goes out in the open air he feels better, and as soon as he begins to walk he feels still better and can walk long distances without fatigue; goes into the house again and becomes weak and tired and exhausted. A nervous and mental exhaustion comes on from resting; < from rest.

The head manifests some peculiar things, such as we sometimes see in syphilis, which the medicine controls when the other symptoms agree. Bi-parietal head pains of nerve syphilis, old, long standing cases. Pains through the parietal bones, through the side of the head, as if crushed in a vise; awful crushing, pressing, rending pains on both sides of the head. These are < in the house, and < from warmth, > from cold and motion, > walking in the open air; as soon as he goes into the house they seem to threaten to destroy him. All through the head there are pains like knife stabs, like nails driven in; lancinating pains, cutting pains along

the scalp, in the temples, over the eyes, through the eyes. The pericranium becomes sensitive and filled with nodules. The scalp breaks out with nodular eruptions, tuberculous eruptions, syphilitic eruptions. "Scalp painful on scratching as if ulcerated." "Great disposition for hair to change color and fall out."

In watching a syphilitic case, there is often noticed disturbance of vision, and finally iritis. Of course, if this patient is sent to the oculist, the pupil will be dilated with Atropine to prevent adhesions, and all sorts of nonsensical things will be done, and your patient's case will be mixed up and spoiled. I never send one to an oculist, and never have had any accidents, nor seen any where a proper prescription was made, and I have treated a large number of cases. They can be treated homœopathically. I have seen syphilitic irides of the most severe character cured with *Staphysagria*, *Hepar*, *Nitric acid*, *Mercurius*, *Kali iod.* and a great many other remedies. The inflammatory process stops at once, there are no adhesions, no deformity and no troubles remaining behind. If you consider that a case of inflammation *must* run its course, and will be associated with fibrinous exudations, and adhesions most probably follow, of course you must adopt the plan of dilating with Atropine or something else, and hold the iris so until the disease has run its course. But the disease *does not* run its course after a proper remedy, and as that is the last symptom to appear, it will be the first to go, and you will expect the eye symptoms to disappear within twenty-four hours after the administration of the homœopathic remedy.

This medicine has marked conjunctival trouble, with green catarrhal discharges from the eyes. This green character applies whenever you can find discharges. There is copious, thick, green expectoration, green discharge of muco-pus from the nose, from the eyes, from the ear, thick, greenish leucorrhœa, green discharge from ulcers. These thick green or yellowish-green discharges are sometimes very fœtid.

At times when you examine the conjunctiva it seems to puff out as though water were behind it, a little dropsical sac; this is called chemosis. *Iod. of Potas.* produces that state. It is mentioned here, "Chemosis, purulent secretion." In olden times when I used to give *Iod. of Potas.* to rheumatic patients, accord-

to the prevailing craze, I would notice, after a day or two, chemosis coming into the eyes and the patient beginning to ache dreadfully in his bones all over, while the rheumatism of the joints would disappear. An allopathic effect was taking root upon that patient which would last for years. Chemosis I have noticed many times. It is an earlier symptom. I have noticed that a large dose of Mercury in syphilitics would make the fellow get up the next morning with a great deal of difficulty in opening the lids, and upon opening the eyes the conjunctiva would form water bags, as though water were behind them and they were bagged out. Iod. of Potas. also produces œdema of the lids and injection and tumefaction of the conjunctiva. The mucous membrane becomes red like beef, red, raw and bleeding. The vessels are enlarged and the surface is very sore, inflamed and smarting. He is compelled to hold the eyelids during winking; the winking is painful and causes scratching, as from sand. Acute conjunctivitis, especially when it occurs in patients who have rheumatism, who have been abused with Mercury or those afflicted with syphilis. Syphilitic and rheumatic affections of the eye.

Old gouty subjects who must keep in motion, and must keep in the open air, who are always too warm, always boiling, and cannot endure any degree of warmth in the room, who suffer more from their gouty pains when keeping quiet, those who are fatigued when keeping quiet and can walk and move without fatigue in the open air, especially when it is cold, with enlarged joints, with restlessness, anxiety, nervousness, harshness of the temper and great irritability, alternating with weeping; such patients must have this medicine. This relief from motion will make the routinist give *Rhus* in many instances, but *Rhus* would have no relation to the case whatever. Remember, *Rhus* is a cold-blooded patient, who is always shivering and wants to be by the fire, whose complaints are made > by the heat, he is > in a warm room and becomes fatigued from motion, whereas Kali hyd. does not become fatigued by continued motion.

The nose comes in for much trouble. In old syphilitic catarrhs they blow out great crusts and pieces of bone; syphilitic ozœna; the bones of the nose are very sensitive to touch and become necrosed, and the nose flattens down and becomes soft. It is de-

prived of the bony framework that holds it in shape and settles down perfectly flat, leaving only the red tip. Extreme pain at the root of the nose like *Hepar*. Thick, yellowish-green, copious discharge from the nose. Every change of the weather brings on catarrhal states. He is constantly taking cold, sneezing continuously. Copious, watery discharge from the nose, excoriating the passage, and causing burning and smarting in the nose. Now, this coryza is < in the open air, but all the rest of the patient is > in the open air. Consequently when a patient has two such conditions that operate against each other he suffers much, because he cannot find quarters for relief. In a warm room his nasal catarrh, or his coryza, is >, but in the open air he feels > as to the rest of his complaints. "Repeated attacks of violent, acrid coryza from the least cold." With the coryza the frontal sinuses become involved and there is great pain through the forehead; pain in the eyes, pains through the cheek bones.

In the throat, as you might suppose from its relations to syphilis and Mercury, there is much trouble. Deep ulcers in the throat; old syphilitic ulcers; perforating ulcers, eating away and destroying all the soft tissues, the uvula and the soft palate. Ulceration upon the tonsils; enlarged tonsils; very painful sore throat. Large granulations and tubercular-like appearances in the throat. Knots and knobs in the throat upon the mucous membranes. "Dryness of throat and enlarged tonsils." "Terrible pain at the root of the tongue at night." The whole pharynx, larynx, trachea and bronchial tubes suffer from catarrhal conditions. Inflammatory conditions with greenish discharge.

While all the external symptoms and the rest of the body symptoms are relieved in the cold air and by the contact of external cold, internally cold things aggravate. Cold milk, ice cream, ice water, cold drinks and cold food, cold things in general going into the stomach < all the symptoms. Though he has an excessive thirst and will drink large quantities of water, if very cold it will make him sick. Milk makes all the symptoms <, because it is cold, because warm milk is agreeable and relieves.

Kali iod. has all the flatulence and belching of *Carbo veg.* and *Lycopodium*.

The glands all over the body become tumid, enlarged and hard.

It has cured enlargement of the thyroid gland; it may take these things from Iodine.

Very characteristic is the chronic inflammation of the urethra, following gonorrhœa, where the discharge is thick and green, or greenish-yellow, *without pain*. Inflammation of the testicles, syphilitic in character.

Not only in old gouty troubles, but in patients threatening phthisis, and in old malarial troubles this medicine will be of great service.

There is a little bit of a trick in this medicine. When you go to the bedside of a patient who is suffering from what she calls "bold hives" you will find she is covered from head to foot with an erythematous eruption that forms great nodules; she is fairly burning up from head to foot. She cannot endure any covering; the heat of her body is intense, yet she has no rise of temperature. Rough nodular manifestations all over the skin; a condition that will go away in a few hours, but in a few days, weeks or months come back again. A single dose of a very high potency of *Kali hydr.* will turn things into order in persons subject to these hives and they will not come again.

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### "THE PATIENT WANTS TO WALK ABOUT."

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"The patient wants to walk about" is found characteristically under the following remedies:

Acon., Cham., Rhus, Stram., Apis, Ars., Kali hydr., Puls., Camph., Ferrum.

The differences, however, are sufficiently marked on close study:

The *Aconite* patient, if able, walks about from sheer anxious restlessness—"can't keep quiet." Manner preoccupied, brusque.

The *Chamomilla* patient walks about to ease his sufferings, and to give vent to his vexation and intolerant feelings. Manner savage, or disconsolate.

The *Rhus* patient also walks to relieve or rather prevent the stiff, aching, rheumatic pain, which gets bad when he stops awhile. Manner stiff, careful.



The *Stramonium* patient walks about because she "feels so queer"—she thinks she is going crazy; manner distressed; saying to persons who approach, "go away, let me alone"—shrinks from them; nevertheless wants some one constantly in the room; things seem obscured; she wants light; frequently choking feeling in the throat; wakes, calling "mother," although she is close by. Feels as if she, herself, were far away somewhere; gets out of bed and walks.

The *Apis* patient is dissatisfied with every present position, circumstance or employment—hence wants constant change. Manner erratic, clumsy; drops things.

The *Arsenicum* patient tries to do as the *Aconite* patient does, partly because changes of position moderate his agony; but he has to stop from sheer weakness. Manner crouching, huddling, exquisitely anxious and afraid of every breath of cold air.

The *Kali hydriodicum* patient wants to walk out in the open air; he feels good and has no sense of fatigue in it, but rather an amelioration of his bad feelings. Manner jocose.

The *Pulsatilla* patient walks about slowly to relieve his gastric and rheumatic troubles, preferring a cool atmosphere, although inclined to be chilly during exacerbations. Manner unhappy, sometimes tearful.

The *Camphor* patient walks violently, thinking to rid himself by perspiration of a dreadful, haunting, yet indefinite apprehension of death by some immediate onset. Manner terrified.

The *Ferrum* patient walks about steadily, because his pains become intolerable when he is at rest in one position. When walking they are mitigated. Manner patient but very impressible.

The case is similar with the little ones, who are too young or too sick to walk about themselves, but who, as from instinct, crave motion.

The *Arsen.* baby cries to be carried faster and faster. The *Veratr.* baby wants you to run, and even shake it up and down. The *Cina* baby is pacified by nothing but fast rocking. The little *Puls.* baby is satisfied with being carried slowly in the open air. The *Rhus* baby must be hurried about quickly. The *Ant. c.* baby wants to be carried, but not touched; so does the *Ant. tart.* child, but it dislikes being looked at also.

## DEPARTMENT OF HOMŒOPATHICS.

## LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT, at the Post-Graduate School.\*

## LECTURE XVII.

Up to this time we have been studying principles that relate to the knowledge of Homœopathy. At this point Hahnemann arrives at three important conclusions as to what we have been studying in its application to practice. There are three steps to be surveyed:

1st. "By what means is the physician to arrive at the necessary information relative to a disease, in order to be able to undertake the cure?" Of course that relates to the disease in general, and the patient in particular. In going over the 3d paragraph, we gathered together the means of studying an epidemic and each man in particular. We shall now proceed to study disease in general and the patient in particular, from now on to the end of this course. All the rest of the study is of such a character. There are a great many questions that arise in this problem that must be studied in detail, the study of the nature of acute miasms and the study of the nature of chronic miasms; the study of such changes as show there are two distinct classes of sickness. Each one is to be studied in its most general way, and each person as a particular entity.

2d. "How is he to discover the morbid powers of medicines, that is say, of the instruments destined to cure natural diseases?" This constitutes a study of the *Materia Medica* and a knowledge of how it is built, which is by provings, by recorded facts.

3d. "What is the best mode of applying these morbid powers (medicines) in the cure of diseases?" This involves the study of all methods and settling upon that which is best.

To proceed in the study of these in a rational, scientific and

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\* Stenographically reported by Dr. S. Mary Ives.

careful manner, is the object of the future study of this book. It leads, from now on, from the science of Homœopathy to the art of healing. We see that we have now gone over the principal part of that which is merely science, the science of Homœopathy. We have none of the enormous classifications in the study of Homœopathy that are resorted to in traditional medicine; they should not appear in the study of applied Homœopathy. The study of the classification of disease as is done in traditional medicine is useful, because we come in contact with the world. As the Boards of Health require us to state what particular disease, according to classification, a patient died from, classified in accordance with old school nosology, we have, therefore, to go into the study of diagnosis. In Homœopathy, diagnosis cuts very little figure in the treatment; but all the ultimates in the case must be brought forward and described by name. We want the use of adjectives, we want the use of large language, we want descriptive power, in order that the nature of the sickness, which is all that man can know about the disease, may be brought out on paper, and thereby caused to appear at any time thereafter to the mind of the physician. If the physician were simply to make a study of the disease, and after studying it were to give it a name and let that name constitute the record, no future prescription could be made. And the physician, thereafter, in referring to this record, would know nothing about its nature. The name conveys no idea of the nature of the sickness, only its place in a general classification. A knowledge of the nature of individual sickness is necessary for a prescription, and this depends upon the ascertainment of the details. The very first of this study is to prove and realize that there are two classes of disease, acute and chronic. The general classification of all diseases is made in this way: the acute are thrown into one group and studied as acute diseases, and so with the chronic.

An acute miasm is one that comes upon the economy, passes through its regular prodromal period, longer or shorter, has its period of progress and period of decline, and in which there is a tendency to recovery. A chronic miasm is one that has its period of prodrome, period of progress and no period of decline; it is continuous, never ending, except with the death of the patient.

The acute diseases need much less study than the chronic. They are all such as are contagious or infectious, such as have a miasmatic character and are capable of running a definite course. When a man disorders his stomach and has an attack of vomiting, and from which he has no after trouble, he has suffered merely from an indisposition. Such conditions from external causes are not miasms. Things that go through the mouth into the stomach and thereby produce sickness act either as rousers up of some old trouble or as mechanical causes of disturbance. The pure diseases, on the other hand, whether acquired or inherited, are those that flow from the innermost to the outermost while making man sick. These causes that make man sick are influx of simple substance and they run a fixed distinct course. Each one has its own time of prodrome, its own period of progress, whereby the traditional school of medicine has fixed what it calls pathognomonic symptoms. It is well to know these symptoms, not for the purpose of naming merely, but for the purpose of association. The study of disease should not be for the purpose of naming, if it is so, the name does harm. When you think of a child suffering from measles, the idea of measles may go out of the mind, but the character of the sickness of that particular child must remain in the mind. At first you will not be able to see what is meant by that, especially if you have been in the habit of studying cases for the purpose of diagnosis. I do not say this to throw a cloud upon diagnosis, but to show you that the study of diagnosis is not for the purpose of making a prescription. The more you dwell upon diagnostic symptoms, the more you will becloud the ideas entering the mind that lead towards a prescription. You might go into the room and work an hour in individualizing a case, deciding whether it were measles or scarlet fever (there are some confusing cases in the beginning). Well, you might say, it is measles, and must now have *Pulsatilla*, or scarlet fever and must have *Belladonna*. You will readily see that such a state of affairs is misleading to the mind. If you are in an epidemic, where it is necessary in order to save the neighborhood to know, for instance, whether a certain case is of cholera or not, then it becomes necessary to do the two things. The family and the surrounding families are entitled to the safety that a correct knowledge would

give and that protection, isolation or quarantine would afford. There are two kinds of study, one with a bearing toward the classification that the disease belongs to, and one with reference to the remedy that the patient needs; but I prefer to settle the patient first as to the remedy he needs, and this has a very little to do with the classification, except in a general way. After a remedy has been decided upon that clearly covers the symptoms and the patient receives his dose of medicine, the next point is, what step it is necessary to take in order to protect the people if this a contagious disease. Diagnosis is something that a physician cannot afford to be foolish about, he cannot afford to be a blunderer, he cannot afford to go around calling scarlet fever, measles, and measles scarlet fever. He must know enough about the general nature of diseases that after the prescription has been made and the patient settled as to that, and the mother wants to know what is the matter with the child, to tell her, for, in that instance she has a perfect right to know, that is, a case where the family must be protected, where outsiders must be protected; the physician must decide whether it is proper for the child to go to school, or whether it is not proper.

There are some conditions of chronic disease which closely resemble acute diseases, for instance, these mimicing acute attacks that come on regularly as periodical headaches. One attack, singled out, might have an appearance of an acute miasm, yet the tendency to progress and not to recovery shows that it belongs to the chronic class. Those disorders that come from debauchery and drinking and overeating, from immediate circumstances, that are not periodical, are things that arise from the latent psoric condition; they are momentary sickness, and if it were not for the fact that man suffers from chronic miasms he would not have these. These attacks would not form a sickness, would not have an appearance of acute sickness. It is due to chronic miasms that man has these little recurring attacks. These do not come with a prodromal period, a progressive period and a period of decline; they may have an attack and decline, but not a prodrome. The acute miasms like the chronic have their prodromal period.

Par. 72 says: "Relative to the first point, it will be necessary for us to enter here into some general considerations. The dis-

eases of mankind resolve themselves into two classes," etc. Remember that the acute diseases always tend to recovery; the chronic diseases have no tendency whatever to recovery, but a continuous progressive tendency; they are far deeper miasms. There are three of these chronic miasms that belong to the human family — psora, syphilis and sycosis — and these we will take up and study. The worst cases are those wherein the three chronic miasms, or some parts of the three, have been complicated by drugs. When the effect of drugs has been removed then we may begin to study the pure miasms themselves; but the miasms are complicated at the present day in most men, for wherever we come in contact with chronic sickness we come in contact also with chronic drugging and its effects upon the vital force. I am of the opinion, perhaps I am wrong, that when blood-letting was in vogue, when violent cathartics were thrown in, when emetics and sweating were prescribed, as in the olden times, when all these violent things were resorted to the human race was not being torn to pieces as rapidly as at the present day. The enormous doses of Jalap and Calomel rushed through the intestines and cleaned out the patient, and he felt better afterwards, and probably did not carry to his grave the internal results of that cleaning out. He did not carry the internal results of the emetics and sudorifics, but at the present day small doses of concentrated drugs are administered, which have an insidious effect upon the economy and develop their chronic symptoms very slowly. From the continued taking of old-school products, the alkaloids, etc., we have the most dreadful state that has ever occurred in the history of medicine coming on. The aim is to get small doses, to get an insidious effect. The milder preparations, like Sulphonal, require months to develop their chronic tendencies, and are most vicious and troublesome drugs. These slow and subtle preparations are now being manufactured, and though seeming to produce a mild primary effect, have secondary effects or after-effects which are very severe. Hahnemann said, in his time, the most troublesome chronic diseases were those that had been complicated with drugs. If that were true then it is ten times more so now. The little headache compounds, the catarrh cures, etc., are milder as to the first effects, but more violent as to the last

effects. They are prepared to imitate the palatable form of homœopathic remedies.

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### THE EFFICACY OF "ANTIDOTAL" TREATMENT AND THE "ANTIDOTE."

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The arguments, *pro* and *con*, upon the subject of an "antidotal treatment" of drug sickness have greatly interested me. This interest is not only because of the possible benefit which will accrue to mankind through the development of a truth, but because of an apparently weak point in the arguments heretofore advanced.

This weak point lies in the fact that each argument fails to acknowledge the primal cause of disturbances following susceptibility, and so attributes impossibilities to the remedial measure advocated. All arguments acknowledge the dynamic power of the drug and the dynamic disturbance following the over dose, but they fail to acknowledge the continued power and activity of the vital dynamis which is always the strongest element in the case. This activity of the vital force, necessary to remove an obstruction that is deleterious to the human organism, continues to act upon the obstructive body so long as the obstruction remains. The various "symptoms" arising from this action constitute what we call a drug sickness. This sickness is rarely manifested in any two instances alike. Various reasons for this are clear, *i. e.*, the power of resistance of the perfectly healthy dynamis; the individuality of the vital dynamis; the susceptibility of the vital dynamis; the already perverted action or sick influence upon the vital dynamis. These variants, as in the dynamic influence of disease, cause countless manifestations in the human organism for which there is no similar in one drug force.

If we totally ignore the power of the vital force to convert the crude cumulative drugs, deposited in the animal economy, into infinitesimal doses of an active and destructive power, we make a

mistake. That the vital force does act upon such cumulative drug substances, elements, etc., and produces recognizable effects so long as the deposit remains *in situ*, is demonstrable in many instances. This is witnessed in cases of poisoning by amalgams or red rubber plates, where the vital force continues to convert sufficient of those substances into active disturbers of function and destroyers of life, without sensible diminution of quantity for a longer period than is allotted to man. In these cases and in cases of poisoning by tobacco, coffee, tea, etc., it is a well known fact that, although the symptoms can, in some instances, be allayed by the proper remedial measure, a cure follows *nothing less* than the removal of the cause—the material cause—and that without its removal the case is interminable.

Examples of poisoning from cumulative doses of Mercury, Sulphur or Lead are not far to seek and give ample demonstration of the possibility of a removal of the material cause of sickness. It is easy to remove amalgam and red rubber plates, but when the cumulation is throughout the organism, how shall it be removed? Can it be done with the dynamized remedy?

Let us watch, for a time, the combined effort of the vital force and the dynamized remedy upon an amalgam filling. How many centuries will elapse before the amalgam is eliminated from the tooth? The falsity of an argument based upon a hypothesis that the dynamized idem, or similar, can have the power to remove this rubbish heap is at once apparent. Again, how true the dictum of Hahnemann, in §74-75 of the Organon, that the destructive results of crude drugs are the most distressing and unmanageable of all diseases that afflict the human family.

These sick-making forces, liberated in the midst of the animal organism, are more harmful than the natural sick-making forces—malaria, diphtheria, etc.—as the latter are curable and the susceptibility removed, even in the midst of infection, by the indicated similitum.

There seems to be a point in which all are not agreed, *i. e.*, what indicates the similitum. It is believed by many, and through mistaken reasoning, that the poisoning drug indicates the remedy. The truth is that the vital force indicates the remedy—*always*. The vital force, acting upon the foreign sub-



stance introduced into its realm, in its efforts at expulsion, produces certain indications of the presence of that particular substance, and, *ceteris paribus*, certain indications for the curative remedy.

In cases of what we call susceptibility to the effects of a drug, *idem* may be the indicated similimum in a properly dynamized form. In cases where the vital force has been overcome by quantity, the similimum that will enable it to expel the poison or alleviate the sufferings from cumulative drugs will be in accordance with the indications expressed by the vital dynamis. These will differ in cases of poison by the same drug in different individuals, and in cases of the cumulative drugs the similimum will be found to differ in the various prescriptions made for the same case.

Drug disease, then, differs from natural disease in the power of the vital force to store within the system matter detrimental to its well being, and beyond its power to eliminate. Dynamic power of a drug may be eliminated by a similimum of power and expression, if there is no rubbish heap behind upon which the vital force continues to act during the existence of both in the body. In the former case, functional and even organic destruction may be checked, and in many cases restored. In the latter case the distress may be allayed for various periods of time, but the search for a similimum must be often repeated.

It is well to recognize the fact that the human organism is not a chemical retort into which recognized proportions may be poured with an assurance of the same result in any two different organisms. The power at work is the vital power, and in each organism it works a final and individual result with every substance introduced.

Neither the dynamis of drugs nor the dynamis of disease has influence upon an organism bereft of life, but the dynamis of life acts upon all substances projected within its sphere.

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BACK NUMBERS. Twenty-nine lectures on *Materia Medica* and seventeen lectures on *Homœopathics* have now appeared in the *Journal*. These will form quite a text-book for students and recent graduates. Complete sets of back numbers can be supplied.

## DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the Organon.

## A CONTRIBUTION TO "OVARIOTOMY AVERTED."

ANDREW B. EADIE, M. D., Ithaca, N. Y.

At the meeting of the American Institute of Homœopathy, held at Buffalo last year, Dr. James C. Wood, Professor of Gynecology in the Cleveland Homœopathic Medical College, read a paper on the "Limitations of Therapeutics in the Treatment of Gynecological Disease," in which he said: "Personally, I have not the slightest faith in the reported cures of ovarian cysts by internal medication; nearly all cases recorded have been reported by men whose reputation as abdominal surgeons has not been established, and a careful analysis of the cases forces the conviction that in no instance will either cyst or diagnosis hold water."

While such convictions are allowed to prevail without question throughout the profession, it is not strange that it is a somewhat rare chance for an ovarian cyst to get past a man whose reputation as an abdominal surgeon has been established—without being excised. At the same time we may believe that internal medicine will receive at his hands but scant consideration, and it is but a fair rejoinder to say that the testimony of abdominal surgeons of "established reputation" concerning the curability of ovarian cysts by therapeutical measures is at least open to question.

During the past year it has fallen to the experience of the writer to have under observation and treatment a case of ovarian cyst which had been under the care of two of our leading physicians for about a year. The patient, a young lady of twenty-two, had submitted to a variety of local measures at the hands of her

physicians for her relief without benefit, and was finally seen in consultation by Dr. Robt. T. Morris, of New York. He confirmed the diagnosis, pronounced the ovary undoubtedly cystic and of the size of a closed fist, and assured her there was no relief for her without the knife.

As the diagnosis was thus confirmed by a New York surgeon of repute it will doubtless pass without question.

The patient, however, had a terror of operations, and looked further for relief. She came to me on November 15, 1897, and I made the following record of her symptoms and condition:

Has had a dull, heavy pain in right ovary for about one year. Pain extends across to the left and now has much pain in left ovary. Pain shoots to the back.

Pain often wakens her at night, and is worse on rising in the morning and for three or four hours thereafter, then grows less.

The pain is relieved by lying on the right or most painful side.

Menses are regular; flow now watery; at times flow is thick, black and clotted, and lately offensive, accompanied with a great deal of pain in the back as soon as the flow begins and continues for the first day; flow profuse but short. Has had leucorrhœa for a year of a yellowish color, < after menses. The ovarian pain is > when bending double; sleeps curled up in bed; she dare not stretch out her limbs; hurts her to walk; very hopeless; weeps a great deal; no one can speak to her without making her cry; feels better after crying; likes to be alone; prefers solitude; very nervous; trembles.

Very fond of open air and cold rooms; always sleeps in a cold room; always feels < in warm close room; she has attacks of dizziness after standing over the stove; gets black before the eyes and head whirls; all > in open air; she has frequently a kind of faint-like attack after sleep, is conscious but cannot move; has a great deal of headache; is thirsty, likes ice water and drinks large quantities; bowels constipated, goes for days without stool; feet and hands cool, head hot; face flushes in afternoon and rest of body cool; face so red, crimson, as if blood would burst through during the flushings; hair is light and eyes blue; face swollen beneath eyes in the morning; appetite is not good.

I took a record of the case and asked her to call next day for

the medicine. In the afternoon I was called to her home and found her in an acute exacerbation of her trouble. She had gone to bed and was in great pain, so I prescribed at once. *R. Lyc. m. m.* 3 powders. One every hour till better, and *Sac. Lac.*, q. s. The pain subsided during the evening but returned during the night, and now,

Nov. 16, A. M. She was but little better. She lay curled up on her left side.

*R. Coloc.*, 1 m.

Nov. 16, P. M. Entirely relieved of pain. Instructed her to call at office in two days.

*R. Sac. lac.* q. s.

Nov. 19. No pain now; can lie on either side without pain. Bowels constipated; hot flushes continue; can't eat; feels so full after a few mouthfuls; bloats a great deal; urine dark, with thick, white sediment and very offensive; feet cold; feels bad mornings on rising.

*R. Lyc.*, m. m. and *Sac. lac.* q. s.

Nov. 26. Better in every way; no pain and can eat better.

*R. Sac. lac.*

Dec. 1. Menses came to-day; offensive; with some pain in right ovary, and some pain in right side of occiput; urine better, not offensive, and the thick white sediment is gone; no bloating; less leucorrhœa; bowels move better; still thirsty and face flushes; feels tired

*R. Sac. lac.* q. s.

Dec. 12. Better in every way.

*R. Sac. lac.* q. s.

Dec. 17. Has been vomiting after eating for two or three days; she vomits food, tea, coffee, but not water; vomits as soon as she moves from the table; great nausea before vomiting; had eaten three fried oysters on Monday night and thinks they upset her stomach; could never eat oyster soup; never cared for it; always made her deathly sick. Urine now like blood and hurts her to pass it; pain just before she urinates extending to the back; very severe; food sour when she vomits; wakes at 3 A. M. and can't sleep again.

R. *Lyc. m. m.* on tongue and *Sac. lac. q. s.*

Dec. 24. Did not vomit after last visit.

Feb. 20. No ovarian trouble now, is perfectly well and growing fat.

Oct. 28, '98. Continues perfectly well and was married this month.

I learned that on the afternoon she called me to her home she had previously called in her former doctor to give her some temporary relief, but he declined to prescribe, telling her that she could only be relieved by an operation; she then sent for me. It should be noted that the cure was made without any local treatment whatever, a consideration which must greatly commend it to all right feeling people.

If one should go over this record, pencil in hand, and erase all the *Lycopodium* symptoms there would remain just as characteristic a case of ovarian cyst as before, surgically considered. And yet the record would be useless to guide the prescriber in his search for the curative drug, and unless he is furnished with the remaining data his failure to cure would be most certain. In other terms, given only the cyst, it is incurable by internal medication, practically speaking. But given the life picture of the patient, plus the cyst, and not only is it curable by therapeutic measures, but that is the only way she can be restored to health. This life picture in many cases is hard to secure and requires earnest co-operation on the part of the patient. Many years of suffering and nerve drain have impaired the patient's perception and memory. The surgeon has little time to devote to quiet and patient observation of the case, usually not realizing that the diagnosis made only a beginning in the undertaking of cure has been accomplished. From this we can understand the importance of Hahnemann's statement, "when the totality of the symptoms that specially mark and distinguish the case of disease, or, in other words, when the picture of the disease whatever be its kind is once accurately sketched the most difficult part of the task is accomplished."

It is attempted in these statements to define somewhat roughly the ground occupied respectively by the surgeon and physician in this important matter—doubtless in some cases disorganization of

structure has so far advanced as to place the case beyond therapeutical repair, but it must not be forgotten that surgical wounding and excision bring no help to the suffering vital force and the hidden life force still is in the grasp of the insidious cause of the original disturbance from which it can only be freed by properly selected Homœopathic remedies.

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### CLINICAL CASES.

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H. B. CARPENTER, M. D., H. M., Boston, Mass.

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#### I. CHRONIC SUPPURATIVE OTITIS—SILICEA.

1898.

Miss B——, 30 years old.

Feb. 14. Pink and white complexion, delicate skin, slim, deaf, blue eyes. Medium brown hair. Mild appearing.

Stomach gave out a week ago. Had to hold on to it, could not stand up straight.

Typhoid fever symptoms three years ago.

Now soreness in right ileo caecal region, aching. > when presses deeply.

Ears: Deafness in both. Wholly deaf in right ear.

Have to shout to make her hear. Has been going to an aurist for twelve years, who from time to time has removed polypi and pieces of bone from the ear. For past two years hearing has been getting worse. Goes regularly every three months, because of severe pain, when the aurist removes masses of tissue. It has been nearly three months now and head and ear are paining her, and she thinks it time to have the polypus removed, by the sensation.

Deafness since had scarlet fever, when five years old.

She had post scarlatinal dropsy, followed by inflammation in both ears and inflamed cervical glands.

Discharge like matter, very offensive odor, after scarlet fever, thick, yellow matter running profusely, so that head and hair stuck to pillow. Left ear stopped discharging last. Right ear "seems dead."

Abscess behind right ear when nine or ten years old.

Ears were syringed out continually, both discharging for years.

Headaches violent at times. Can't keep head still. Has to roll it back and forth. Aurist said the wall between ear and brain was destroyed, and that headaches came from this condition, and that she must not be over an hour's ride from an aurist, as there is always danger of meningitis.

Pain: Occipital. Streets look wavy in walking. < from trying to study or think.

Perspires easily. Takes cold easily after perspiration.

Hands clasped tightly when wakes up.

*S. L.* Fond of acids.

Feb. 21. Not thirsty, excepting for coffee.

Does not care for meat.

Tired in morning; eyes feel dragged.

Weak stomach. Feels as if holding herself up by the stomach. Sensation of tension; must relax often to get rested.

Menstruation every three weeks. Pain during, in right ovarian region. Pain when flow begins. If presses on right ovarian region causes greater flow.

Bowels move once in three days if doesn't take medicine.

Nervous and gets cross. Wants to "slat round." People say she looks cross, but doesn't say anything cross.

Neck feels stiff down to shoulders and neck creaks.

Stiffness extends to small of back. Seems to come on during night and wears off during the day.

Easily chilled about neck and shoulders, but does not like too warm a room.

Cough for ten or twelve years < in morning. Comes from way down in stomach. If holds on to stomach >.

< after walking to get warmed up out of doors or after laughing hard. Cough dry from tickling in throat. > if gets excited.

Cold feet always subjectively and objectively.

Pimples about mouth before meuses.

> moving about; not so tired.

Constipated, urging to stool without result. Bowels feel dead. Stool recedes after appears at the anus and straining to evacuate.

Sensation in region of stomach or transverse colon as if it were "open and sort of gasping."

Has always since a little girl pulled bed clothes up over ears at night.

*Sil.* 200.

Feb. 28. Amative, always falling in love. This is so frequent and without ground as to be a disease, I am told.

Self-repressed and apparently struggles with herself.

Headaches twice past week; one occipital, the other like an ordinary headache. Scalp sore, painful when hair touched. Pains go from one part of head to another.

Stomach aches two hours after eating, > from pressure.

Doubled up with pain.

Leucorrhœa two weeks after periods, thick, milky looking; not irritating. Has more lately.

Teeth did not come until sixteen months old. Walked when seven months old.

*S. L.*

March 7. Night of 28th of February heard a crack in left ear and the ear began to discharge. This continued for three days. Has had no discharge from the ear for over a year. Discharge light yellow, not very thick, unpleasant odor.

Rushing noise after ear began to run, gradually died away. Feels when she blows her nose that there is connection with ear. This she has not felt for some years.

Hearing > since the cracking in the ear with discharge.

Can "hear the rustle of her dress when she puts it on" and "can hear the baby cry in the next room."

Smells the ear discharge, she thinks, all the time. March 5th the ear cracked again and discharged.

No discharge at present. Hearing much improved.

Bowels moving oftener and more freely.

Headaches seldom. Her mother says she sees her rubbing her head less behind the ear.

*S. L.*



April 18. Head singing; ringing more than usual past two weeks.

Ears feel full.

No headache lately, but head feels puffed up and has put it under the cold water faucet several times, because the fulness was > from cold applications.

Ear opened with a click and stayed open nearly a week, so could "hear splendidly." Was at a musical entertainment when the hearing came back. Hasn't heard so well for nearly two years.

Odor of discharge not so offensive.

Mouth feels furry and tastes badly.

Menstruated the 14th. Leucorrhœa not quite so bad afterwards.

Feels the warm weather very much.

Hands feel so dry, sucks her fingers, and washes them

*S. L.* for sake of getting them wet.

April 25. Ear open again since yesterday.

Swollen, tender, hard place posterior to left ear.

Diarrhœic movements, bad odor.

Headache nearly all the time this week. > cold water applied.

Hands cold.

*Sil.* 200. Both ears felt as if had a stopper in them.

May 4. Has heard more acutely most of the past ten days.

Still discharge from left ear, but odor not bad.

Mouth tastes badly.

Pain in hypogastrium.

Knees crack so can be heard across the room.

"Once in awhile seems as if she can hear the other (right) ear doing something, changing some way."

*S. L.* The right ear has been stone deaf for number of years.

May 16. Has had bad cold in head, pretty well otherwise. Can hear voice vibrate. Pressure at root of nose.

Itching about the ribs, changing from side to foot and different places. Scratching makes <. Nothing to be seen. > after washing and rubbing hard.

Sensation few days ago as if cloud of steam went suddenly through the head from back of head above the level of the eyes. < from motion. Had attacks when fourteen years old in school. Would slip nearly to the floor, feeling faint. < from jar or turning suddenly.

Sore throat, right side, hurting to swallow.

Coughs, choking, with headache; hangs on to chest and head, because hurts her so when she coughs.

Think she has had the grippe.

Hates the sight of meat and never eats potatoes.

Bunch behind left ear has nearly disappeared.

Hearing much better. Do not have to raise my voice

*S. L.* scarcely at all in talking to her in the office.

June 8. (Written June first from California, where she went two weeks since.)

Writes that she is feeling very well generally; has a big appetite, although is not satisfied after she has eaten all she cares for.

Tired after stool.

Stomach and bowels swollen, hard and a little tender.

Must wear her belt loose.

Has desire for stool, escape of flatus, hurries to stool and by time she makes the effort to have one the desire has gone.

Left ear moist at night, but pus does not run out. Discharge greenish-yellow, thick.

Pains > from rubbing—come once in great while, not sharp in character.

Lying on left side makes head throb as if were pressing on something. > changing position.

Back of neck stiff, hurts to turn either way.

Dull and as if half asleep.

Noises in the ear of bells, clocks striking and locusts chirping. Sounds retained in the ear for some time, as if continued to hear them.

June 27. Gets tired easily.

Head aches more—especially after driving pain in vertex.

Pressure on top.

Back of neck stiff.

Feels as if there were two of her, the inside one a little smaller; the outer one feels large for the inner, as if loosely put on. When sitting or lying down the inner is all the time urging the outer to get up.

Tired of knowing and trying to understand things in the world. Wishes she could be unconscious. This not new. A year and a half ago this was so strong she would find herself planning how to run away and disappear. Then would think what she was doing and stop. Did this over and over, forgetting. Would reason with herself even when reading or practicing. Became tired and cross because she could not stop the thought. At that time she woke up saying a word which she now forgets, which was afterwards defined by a physician as meaning a deadly poison.

The idea of poisoning herself came to her at these times and she had to continually reason herself out of it.

*Anac. 80 m.*

July 27. Reports only two slight headaches.

Hearing much better. Can hear clothes rustle and one has to raise the voice very slightly.

Nose itches; red from scratching.

Improving in every way.

Oct. 15. Says she calls herself well. No headache for some months. No discharge from the ear.

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## II. ECZEMA—ARSENICUM.

1897. Prof. C——, 83 years old.

Feb. 24. Thin, white hair, florid complexion, somewhat stooping. Has had eruptions all over the scalp, beginning behind the ears, for some months. For five weeks has been under specialist's care, who prescribed ointments, but the eruption is getting worse.

Feeling of great weakness, yet must be kept busy most of the time.

Examination reveals scaly, scurfy eruption over entire scalp, excepting small place as large as the palm on

top of the head. Eruption extends over and behind both ears, white scales on a purplish-red skin. Scales brush off and cover the coat collar. In the crease of the pinna, anteriorly, an exudation, which has dried on and formed a crust, yellowish. Scales on scalp size of pin head. •

Itching, said to have commenced behind the ears, was scratched and an eruption appeared.

< from scratching.

< in morning after waking.

< about left ear.

Chilly; patient has to have two pairs of blankets on the bed at night in a warm room.

Poisoned some years ago, by poison oak, on left hand; left hand and arm has never felt natural since.

Has to be amused much of the time; something to do;  
> in the morning.

Little thirst, never for large draughts of water.

Constipation.

Drop of water at end of nose.

*Ars.* 200.

Feb. 28. Scalp more itchy. Right ear looks a little worse.

March 12. Scalp looks a little better, if any change.

Hollow, gone sensation in stomach.

< at night when wakes, > after walking.

March 27. Improving. Eczema looks better.

April 16. Gnawing in stomach about the same.

Eczema >.

Cold, damp weather makes patient feel <.

April 26. Improving.

Fond of acids, which seem to agree.

Attack two years ago (which was called senile epilepsy), which left his head weak and memory for names impaired.

*S. L.*

May 10 Cough < in morning; thick, yellowish expectoration, scanty.

Tongue coated yellowish-white.

Bowels constipated.

Feels weak; weakness usually < in warm weather.

Says he is "afraid to think."

*Ars.* 200.

May 24. Pain in left ear. Small furuncle seen.

*S. L.* General improvement.

June 25. Ears much improved—quite smooth.

*S. L.*

July 17. Scalp very much improved and pretty well generally.

*S. L.* Itching much >.

Oct. 25. Improving in every way.

*S. L.* Eczema cannot be seen without close examination.

Nov. 22. Not sleeping well.

Right ear throbs.

Eczema, although much better, has gone back a little lately.

*Ars.* 8 m. *Jen.*

Dec. 7. Throbbing in ear has disappeared.

No eczema on scalp or ears.

Family reports that patient is taking a lively interest in everything. Interests that he had dropped years ago.

Now keeps close account of the stock market, and eagerly watches for the daily paper and turns immediately to the financial column.

1898.

March 24. Feverish, creepy chilliness; nose stopped.

Every other day, shortly after dinner, 1:30–2 P. M., has temperature of 101 ½; creeping chilliness.

*Ars* 8 m. *Jen.*

May 30. Toothache in right upper jaw, lasting all night; jaw swollen; < in bed at night, < taking cold water into mouth.

*Merc.* 200.

Oct. 20. No eczema. Bright, cheerful. Takes long rides and walks two miles without fatigue.

## III. EPISTAXIS—PHOSPHORUS.

1897. Miss G——, Private Tutor, 27 years old.
- March 12. Tall, slim, sanguine, optimistic. Great deal of nervous energy. Florid, brown hair, blue eyes, vivacious, aristocratic carriage.
- Nose bleed off and on for 5 years. Was stopped by pills, but has now returned. Bright red, sometimes gushing. Always from the left nostril. Comes about twice a week and lasts all winter.
- Menses regular.
- Leucorrhœa off and on for 6–8 years. Five years ago had astringent douches for it. Thick yellowish, no irritation. < half way between the periods. < from fatigue, > when resting.
- Easily excited.
- Nervous headaches, frontal, come seldom. < in warm room.
- Subject to coughs and colds all winter. Takes cold easily. Cough < going into cold air. Feels as if cool air were too bracing.
- Coughs in sleep at night.
- Oppressive feeling in chest. Expecterating in morning from recent cold, bluish-grey mucus.
- Craves green vegetables.
- Averse to vinegar.
- Tendency to constipation. If gets excited is constipated and has no desire for stool for several days.
- > in morning. Energy gives out by night, is drowsy and would sleep.
- Acne when 15 or 16 years old, pustular at times. Lasted about 3 years. No itching.
- Trouble with ears after scarlet fever.
- Bicycle produces thumping of arteries, and an "all skewed up feeling, same as when is nervously wrought up."
- Phos.* 1400 *Jen.*
- April 7. Improvement.
- Nose-bleed once, four days after taking the medicine.

- More profuse than usual. No more nose-bleed since.  
*S. L.* Feels "quite a good deal better."  
 1898.  
 Jan. 9. So much better that has not returned until now, although  
 advised to do so.  
 Nose-bleed about a month ago, slight.  
 Now comes because of cold in larynx and bronchial  
 tubes.  
 Larynx sore to deep pressure. Coughs at night in sleep.  
 Coughs immediately upon waking. Thick yellow  
 expectoration in morning. Nose stuffed up.  
 Leucorrhœa.  
 Aching in lower part of back, if gets tired.  
 Perspires profusely in axillæ.  
*Phos.* 1400 *Jen.*  
 Oct. 25. Is very well, gaining flesh. Working steadily.  
 No more nose-bleed.

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## PERSONALS AND NOTICES.

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DR. JOSEPHINE PHELPS has opened an office at 25 West Upsal street, Germantown, Philadelphia.

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THE POST-GRADUATE SCHOOL has this winter the largest class of matriculates since it was opened in 1891. Dr. G. H. Baring Deck, from Sydney, Australia, and Dr. W. L. Freeman, from La Center, Wash., are among those coming from a distance. We have also Drs. Bassett, Doolittle, Newman and Newton, from Boston University School of Medicine, and Dr. Baer, from Hahnemann College, Chicago, along with a number of last year's class, who are taking the second and third courses.

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DR. KENT'S REPERTORY. The seventh fascicle is now ready for delivery. It includes Rectum and Stool, Urinary Organs and Urine, and Genitalia (male and female). The eighth fascicle,

containing Larynx and Trachea, Respiration and Cough, will be ready about the 10th of the month.

DR. HELEN BABCOCK has removed to Chloride, Arizona.

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DR. S. E. SLAGLE is now one of the internes of the Massachusetts Homœopathic Hospital, Boston, Mass.

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### BOOKS FOR REVIEW.

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RENAL THERAPEUTICS, including also a study of Etiology, Pathology, Diagnosis and Medical Treatment of Diseases of the Urinary Tract. By Clifford Mitchell, A. M., M. D., Professor of Renal Diseases in the Chicago Homœopathic Medical College. Published by Boericke & Tafel. 1898. Price, cloth, \$2.00; by mail, \$2.16.

The preface announces that this work is primarily a work of therapeutics. As a treatise on etiology, pathology and diagnosis it is equal to any such work written by an allopathic author and its therapeutics is equally instructive. That such therapeutics could come from a professor in a homœopathic college would astonish us if it were not the common thing in these days. Such literature on therapeutics, compiled from eminent sources, will go with many physicians without question, but let it be known it should not pass as homœopathic therapeutics. There is not a shadow of Homœopathy, such as Hahnemann would endorse, in the therapeutics of the whole volume of 365 pages. Its therapeutic part is worthless to a homœopathic physician.

DISEASES OF THE EAR, NOSE AND THROAT, AND THEIR ACCESSORY CONDITIONS. By Seth Scott Bishop, M. D., D. C. L., LL. D., etc. Second edition. Thoroughly revised and enlarged. Published by The F. A. Davis Company. Pp. 554. Price, cloth, \$4.00; sheep, \$5.00.

The work is illustrated with ninety-four colored lithographs and two hundred and sixteen additional illustrations. The first chapter, being a treatise of the diseases of the ear, nose and



throat, based on a study of twenty-one thousand cases, is a most interesting part of the work, which is followed by a study of "Examination of Patients," "Tests for Hearing," "Compressed Air Applications and Their Use," etc. It is a full and useful treatise on this vast subject. If homœopathic treatment could be adjusted to this work it would be complete.

**PRACTICAL URINALYSIS AND URINARY DIAGNOSIS.** A Manual for the Use of Physician, Surgeon and Students. By Charles W. Purdy, M. D., LL. D., Queen's University. Fourth, revised edition. The F. A. Davis Company, publishers. Pp. 365. Price, \$2.50

This is a complete work, excellently arranged, and a perfect reference book for physicians. Nicely bound; good paper. The style of the author is very attractive.

**EYE STRAIN IN HEALTH AND DISEASE.** By Ambrose L. Ranney, A. M., M. D. Illustrated with thirty-eight wood engravings. The F. A. Davis Co., Publishers, Philadelphia. Pp. 321.

The subject of "Eye Strain" as a cause of nervous disease is gradually pushing itself to the front. In this book the author makes a strong plea for its wider recognition. He deals with his subject in a thorough manner and backs it up by clinical cases. After considering the subject in general, he proceeds to describe in detail the best and most accurate methods for the detection of faulty equilibrium in ocular muscles and errors in accommodation. In this work will be found in concise form the information required by the general practitioner in determining when his patient needs the care of a specialist to assist in his restoration to health.

F.

# Directory of Homœopathic Physicians.

**H. Becker, M. D.,**

1330 West King Street,  
TORONTO, ONTARIO,  
CANADA.

**Hugh A. Cameron, M. D.,**

2009 Walnut Street,  
PHILADELPHIA, PA.

**George M. Cooper, M. D.,**

1628 Mount Vernon Street,  
PHILADELPHIA, PA.

**Erastus E. Case, M. D.,**

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Consultations in Chronic Diseases  
by letter or in person.

**Harold R. Edwards, M. D.,**

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**Harvey Farrington, M. D.,**

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PHILADELPHIA, PA.

**Frederica E. Gladwin, M. D.,**

2401 North 16th Street,  
PHILADELPHIA, PA.

**S. L. Guild-Leggett, M. D.,**

329 James Street,  
SYRACUSE, N. Y.

**W. D. Gorton, M. D.,**

AUSTIN, TEXAS.

**S. Mary Ives, M. D.,**

2035 Sansom Street,  
PHILADELPHIA, PA.

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Homœopathician.  
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Permanently benefits the system because it strengthens by nourishment while a majority of so-called "Tonics" merely stimulate by some drug-action which is injurious to the constitution.

**IN GOOD HEALTH** it is excellent when tired from over-work or loss of sleep.

**DURING CONVALESCENCE** it will build up the system while increasing the appetite for wholesome food.

**IN VIOLENT DISEASES, FEVERS, &c.,** it can be depended upon as a sole diet.

**BOTTLE-FED BABIES** thrive on cow's-milk containing a little of this Food better than on anything else.

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**PRICE**—for sixteen ounces, 75 Cents.

## AGENCIES.

Albany, (N. Y.) Theo. W. Nellis.  
Allentown, (Pa.) Henry E. Peters.  
Baltimore, (Md.) Boericke & Tafel, 228 N. Howard St.  
Bangor, (Me.) Caldwell Sweet, 2 Main St.  
Boston, (Mass.) Otis Clapp & Son, 10 Park Place.  
Brooklyn, (N. Y.) The Adolph Levy Co., 145 Grand St.  
Buffalo, (N. Y.) The Buffalo Hom. Pharm. Co., 8 E. Eagle St.  
Camden, (N. J.) E. W. Collins, 3d and Arch Sts.  
Chester, (Pa.) Wm. H. Farley.  
Chicago, (Ills.) Boericke & Tafel, 44 E. Madison St.  
Cincinnati, (O.) Boericke & Tafel, 204 W. 4th St.  
Cleveland, (O.) Chandler & Rudd Co.  
Conshohocken and West C. (Pa.) W. E. Supplee & Bro.  
Erie, (Pa.) W. F. Nick & Son.  
Frankford, (Phila.) A. H. Gilmour, Frankford Ave. and Sellers St.  
D. Darreff, Orthodox and Edmund Sts.  
Harry Haines, 4637 Leshar St.  
Germantown, (Phila.) Jas. J. Pletcher & Bro., 5600 Gt. Ave.  
Harrisburg, (Pa.) Forney & Knouse, 426 Market St.  
Hazelton, (Pa.) N. N. Lewis & Co., 128 E. Broad St.  
Jersey City, (N. J.) Geo. H. White.  
Lancaster, (Pa.) G. W. Hull, W. King St.  
Louisville, (Ky.) T. P. Taylor & Co., 3d Ave. and Jefferson St.  
Lynn, (Mass.) J. W. Colcord.  
Memphis, (Mich.) Geo. P. Hale, M. D.  
Newark, (N. J.) Chas. W. Menk, 106 Market St.  
New Brunswick, (N. J.) Wm. Rust & Sons.  
New York, (N. Y.) Boericke & Tafel, 145 Grand St. and 15 W. 42d St.  
Norristown, (Pa.) Wm. Stahler.  
Paterson, (N. J.) C. P. Kinsilla.  
Philadelphia, (Pa.) Boericke & Tafel, 1011 Arch St. and 111 S. 13th St.  
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## DEPARTMENT OF MATERIA MEDICA.

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### PHOSPHORIC ACID.

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Lecture delivered by PROF. J. T. KENT, at the Post-Graduate School.

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"Mental enfeeblement" is the thought that will come into your mind when you consider what the Phosphoric acid patient says, does and looks. The mind seems tired. When questioned he answers shortly or does not speak, but only looks at the questioner. He is too tired to talk or even think. He says: "Don't talk to me; let me alone and rest." This state is found in both acute and chronic diseases. He is so tired in the mind, perfectly exhausted. In chronic diseases when brought on from long study; prolonged worry in business men; in feeble school girls, who become relaxed from every little effort. In acute diseases he lies in bed, and is averse to speaking or answering questions. He merely looks. Finally he rouses up and says: "Don't talk to me, I am so tired." He cannot think what he wishes to say, cannot frame his answers to questions asked. Another cause is sexual excesses in young men, or in those guilty of secret vice. Weakness; lack of reaction; state of stupor, with impotency; mental prostration, and as if the spine had given out.

In every case we find the *mental* symptoms are the first to develop. The remedy runs from the mental to the physical, from the brain to the muscles. This is so striking that it is contrasted

with *Muriatic acid*. In the latter remedy the *muscular* prostration comes first, and the mind seems clear until long after the muscles are prostrated. In Phosphoric acid the muscles seem strong after the mind has given out. The patient seems vigorous physically. He says he is all right physically, can work, can exercise even violently; but the mind is lost, there is mental apathy, he can't add up a column of figures, can't read the newspaper and carry the trend of thought, can't connect circumstances. He forgets the names of those in his family; a business man forgets the names of his clerks; he is in confusion. Yet he can exercise, can go out and walk; the weakness in the muscles will come later.

Phosphoric acid has also great physical weakness; so tired in the back; so tired in the muscles; so tired all over; a paralytic weakness. Later there is sexual impotence; aversion to coition; loss of sexual desire; no erections; penis becomes relaxed in the midst of an embrace and he cannot finish the act. (*Nux v.*)

Ailments from business cares; prolonged grief; young women suffering from unrequited affections, or from the loss of a loved one. Some suffer more intensely than others; some seem more philosophical. "Ailments from care, grief, sorrow, chagrin, homesickness or disappointed love; particularly with drowsiness; night sweats towards morning; emaciation." The patient pines and emaciates, grows weaker and weaker, withered in the face; night sweats; cold sweat down the back; cold sweats on the arms and hands more than on the feet; cold extremities; feeble circulation, feeble heart; catches cold on the slightest provocation and it settles on the chest; dry, hacking cough; catarrhal conditions of the chest; tuberculosis; pallor with gradually increasing weakness and emaciation.

During this weakness there is vertigo. Vertigo while lying in bed; seems like floating while lying in bed. Limbs seem to be lifted up while the head does not seem to move, as if the limbs were floating.

Congestive headaches; in school girls from slight exertion of the mind and use of the eyes.

Most of the complaints are ameliorated from keeping warm, from absolute quiet, from being alone at peace. There is aggravation of the complaints from exertion, mental or physical, from

being talked to. Headache aggravated from being talked to. He is sensitive to cold weather.

In the headache the pain often begins in the back of the head and spreads to the top of the head; feels as if a crushing weight were on the top of the head; worse from motion, talking and light. "Pressure as from a weight in head from above downward." These headaches are associated with mental weakness, brain-fag; so tired and exhausted. Vertigo with ringing in the ears and glassy eyes.

Its use in low fevers must be studied. The complaints come on slowly, slow decline, slowly increasing prostration. Such appearances as are found in advanced typhoid. It has the prostration, tympanitic abdomen, dry, brown tongue, sordes on the teeth, gradually approaching unconsciousness; little thirst increasing to intense thirst with craving for much water; wants to be let alone; looks at the questioner with glassy eye as if slowly comprehending the question; pupils contracted or dilated, eyes sunken; hippocratic countenance; continued fever; bleeding from the nose, lungs, bowels; hæmorrhage from any mucous membrane; sunken about the eyes; discolored lips, covered with sordes, becoming very black; prostration gradually increasing. From the beginning the mental state has been most marked, and finally comes the muscular weakness, which increases until the jaw drops and it seems that the patient must die of sheer exhaustion. Such states of weakness may come on from hæmorrhages (*China* was the routine remedy among the older homœopaths). It checks the hæmorrhage and causes a rally, prevents the dropsy. There is a state like anæmia; pale lips and tongue; face, hands and feet waxy.

Pains and aches all over the body, aggravated from motion and cold. The pains seem deep seated, often along the nerves, but especially along the long bones, as if the bones were scraped; as if a rough instrument were dragged over the bones. The pains are worse at night commonly. Severe bone pains.

The stomach refuses to do its business. The food remains in the stomach and sours. Sour vomiting. Old dyspeptics with brain fag.

In most of the complaints of Phosphoric acid an astonishing

feature is *milky* urine. Sometimes it is milky when passed; milky flakes in the urine. At times the male urethra seems to clog up and examination will show these little milk-like flakes. The urine becomes milky on standing, like flour, chalk or phosphate deposits stirred up in it.

In Phosphoric acid there is often an amelioration of complaints by their ending in a diarrhœa. Copious, thin, watery stool. From the quantity it would seem that the patient would be exhausted. Child with copious, watery stool in summer; so copious that the napkin seems of no use; the stool runs all over the mother's dress and on to the floor forming great puddles; the stool is almost *odorless*, thin and watery, and the little one smiles as if nothing were the matter. The mother wonders where it all comes from, and yet the child seems well. The Phosphoric acid diarrhœa often ameliorates many of the symptoms and the patient feels better. Chronic diarrhœa, copious, thin and watery, and the patient feels comfortable, free and happy. If the stool slacks up then the patient is worse, on come symptoms of tuberculosis, weakness, prostration, brain fag. Some patients say they are never comfortable unless they have a diarrhœa. *Podophyllum* is the very opposite. Take the same child; the stool is very copious, runs all over the floor, the mother wonders where it all comes from, but the stool is so *offensive*, a horrible stench, and the patient looks as if dying; mouth and nose drawn, countenance hippocratic; almost unconscious. There is painless stool in both, but Phosphoric acid has not the great prostration. In Phosphoric acid the stool is light colored; in *Podophyllum* it is yellow. *Gratiola* has a similar state of prostration, but the water is *green* water; when seen it looks like light shining through a green glass; sometimes thicker, like green bile.

Abdomen much bloated, tympanitic; great soreness of the bowels as if in a typhoid state. "White or yellow, watery diarrhœa, chronic or acute, without pain or any marked debility or exhaustion." It is uncommon for the stool to be yellow when watery. It is yellow when it is mushy; when watery it is light colored, sometimes milky. When yellow it is like corn meal mush, pappy; as in the typhoid state, thin like thin mush. "Diarrhœa; not prostrating; after catching cold during heat of



summer; watery, chronic; violent bilious or mucous of twenty months' standing; has the appearance of an old man; from acids in young persons who grow too rapidly; after eating, undigested; greenish white; painless." When we have a diarrhœa from acids we seldom find such a person's symptoms running to Phosphoric acid. In the diarrhœa from sour wine, such as claret, from acids, vinegar, lemons, be sure to study *Antimonium crudum*. This is a very striking feature of that remedy. Useful in cholera.

Male sexual organs. Sexual weakness, prolonged exhaustion, sexual incompetency, impotency; masturbators; nightly pollutions with great exhaustion. "Prostatorrhœa; immediately after every erection discharge of a teaspoonful or more of prostatic fluid." Even when passing a soft stool the prostatic fluid is discharged.

Falling out of the hair is a striking feature; falling of the hair from the genitals, whiskers, eyebrows, head. It is closely related to *Natrum mur.* and *Selenium* in falling out of the hair. *Selenium* has falling out of the hair from the head, eyebrows and lashes, beard and genitals, from all over the body. *Natrum mur.* causes the hair to become very thin; during confinement the hair falls from the genitals.

Phosphoric acid produces a troublesome leucorrhœa; "yellow, mostly after menses, with itching; profuse, yellow; thin, acrid, mucous; with chlorosis." It suits the woman who has been nursing her child a long time, or nursing twins, and who gives much milk. She becomes tired and weakly. Loss of fluids, blood; prolonged nursing, and weakness from such causes.

The tendency of the Phosphoric acid patient at the end of the brain fag and weakness is to run into *chest troubles*. If a diarrhœa comes on then the chest trouble is averted. Most awful results will ensue from the use of astringents or any remedy, that does not correspond to the patient, that will stop that diarrhœa. He goes into tuberculosis; difficult respiration; coughs and suffers in the chest, and the trouble culminates in structural changes in the lungs. The indications for Phosphoric acid are seldom found in the tissue changes, but they will be found in the *early* states of the patient, the nervous condition, the milky urine and the diarrhœa, which have existed a long time. Chest complaints that are acute; typhoid pneumonia; low forms of fever ending in

chest troubles; not unlike *Phosphorus*. Prolonged pneumonia with the mental symptoms, lack of reaction, infiltration at the end of pneumonia. Hæmoptysis.

Prolonged fever ending in feeble heart, with palpitation and the mental symptoms. Tendency to abscesses after a prolonged fever.

Limbs and joints become affected. Pains in the long bones between the joints. Old gouty constitution. Tissues become weak. Red spots appear wherever the flesh is thin over the bones, and these spots become inflamed and form open ulcers. After fever abscesses in the muscles, and state of molecular weakness about the ankles, over the tibia where the flesh is thin. Phosphoric acid has a special relation to the periosteum. Periostitis. Bone feels as if scraped. Cold hands and hot feet.

Boils, abscesses, pustules and other moist eruptions. Suppurating eruptions; tissues become weak.

Nervous state: marked indifference; weak and trembling; fainting; great nervous exhaustion; hysterical affections. Creeping, tingling and crawling all over the body, especially where there is hair, as if in the roots of the hair; formication; especially in those debilitated from sexual excesses. "Formication over whole body." Sore spots up and down the spine; lame up and down the back. Backache.

"Itching between fingers or in folds of joints or on hands." Herpes; eczema; erysipelas. Large purple spots form on the skin, an extravasation of blood from the capillary veins; ecchymoses. Ulcers on the skin; carbuncles; warts; chilblains; wens; corns with stinging and burning, and parts become black; hence you see the feeble circulation in the skin. Skin withered, old and gray, and the patient emaciates.

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## PYROGEN.

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Pyrogen is a medicine we do not know much about. It is not in the text books. It was used empirically in both high and low potencies before we had any provings at all, just on a general surmise. Swan had an idea concerning Pyrogen and he procured

a specimen of very fetid, septic pus through Heimuth and potentized it, and thought it was good for septicæmia and pyæmia, and sent out grafts. Others used it empirically. You seldom hear of the failures of such practice, but only of the successes, and here and there you sometimes get a symptom, but very little is gained in this way.

In conversation with Swan I remarked that I had a case of irritative fever, evidently poisoned from sewer gas. Swan jumped up and said: "Give him Pyrogen." I asked "Why? on what will I give it?" He replied: "Oh, I give all my cases of sewer gas poisoning Pyrogen." You see this is not according to principle. Many remedies come into a sort of limited use before a proving is made. After a while the remedies are proved, and one is then able to see why such cases were cured. Finally attempts were made at proving Pyrogen, but only one of the provers seemed very susceptible, and he was practically made an invalid for life.

Full of anxiety (*Ars.*). Full of insane notions; morbid imaginations; restlessness, prostration. Great sense of weakness. Aching in the bones and relief from motion. It has all the aching in the bones of *Eupatorium*, all the restlessness of *Rhus*, all the soreness in the flesh of *Arnica*. These things stamp it as a wonderful discovery. It has the loquacity of *Lachesis* and all the snake poisons, but it does not have despondency as a first symptom, but hilarity; an excessive amount of sensitiveness; an exquisite delight and happiness like *Coffea*.

It goes into a sphere that would make it useful if it were properly proven by a single dose of the high potency. The repetition of the dose establishes a life-long miasm and is a dangerous thing to do. The *Sanicula* provers, a family, drank the water, and potentized it, and have had *Sanicula* symptoms for twelve years.

Dreams about various things; about business; dreaming all night. The prover's mind seems to have been in a sort of dream. He seemed to be in a semi-sleep. I doubt whether he could tell whether his dreams were in the night or during the day. While he was taking it several provers were engaged with him and they had protracted diarrhœas which were cured by *Aloe*. Its diarrhœa is similar to that of *Aloe*. Dreams of business; very loquacious. He could think faster and talk faster than he ever did before in

his life. (*Lach.*) Accompanied by anxiety of mind like *Arsenic*. He felt in the best of spirits, although he was sick. The desire to talk was unnatural. Irritable. Throbbing in the temples and head; on the top of the head. This is a marked feature in puerperal fever; throbbing of the arteries in the head, and pain on the top of the head.

Sneezing on putting the hands from under the covers. Heat of the body with hot sweat, and chilly on raising the covers. This is common in septicaemia and puerperal fever. Hot sweat, intense heat, rapid pulse. Sneezing at night. Tongue coated yellow, brown; offensive taste. Stomach feels full; much belching; abdomen bloated. Constipation, large and difficult stools; great effort; stool in balls and lumps. Diarrhoea with involuntary stool. Involuntary stool on passing flatus (cured by *Aloe*). "Urine scanty, only twice in twenty-four hours; three times at night; yellow as soon as voided; cloudy after standing; red deposit on sides of vessel hard to remove."

Wheezing on expiration. Cough aggravated by motion (*Bry.*); worse warm room. Burning in larynx. Of use in the advanced stages of phthisis with tremendous rattling in the chest and can't expectorate; seems as if he would suffocate. *Antimonium tartaricum* has been the palliative in this condition; it is the usual remedy and it has to be repeated in such a condition every few days. But when this state is present with soreness of the bones, and of the flesh, he must be moved off the sore spot; great aching in the bones, must move frequently; then Pyrogen will relieve for many days. In times past they gave *Arnica* for the soreness and then *Tartar emetic* for the increased rattling. Some gave these two remedies in alternation. But here is a remedy having both the states.

Pain in the region of the left nipple, as if in the heart; as if it were going to ache. Pulsations felt in the head and ears. Sensation as if the heart were enlarged. Distinct consciousness of the heart. (This was also observed in the provings of the *Ophidians*). There is a lack of correspondence between the pulse and temperature, that is, in high fever slow pulse, and in low temperature a rapid pulse.

Pains in the upper limbs; shoulder joints; in the limbs in gen-

eral; aching as if in the bones; aching all over the body as in a severe "cold;" aching with soreness of the flesh. The bed feels too hard. Ameliorated by motion. Aching above the knees, deep in the bones, while sitting by a hot fire, relieved by walking around. We have here the characteristic relief by motion of *Rhus* and the soreness of *Arnica* and *Baptisia*, but *Rhus* would be relieved by heat. *Baptisia* typhoids have this extreme soreness as in *Arnica*.

As soon as he moves he begins to heat up and then there is an increase of the anxiety and weakness. The cough is aggravated from the least motion yet the aching bones are relieved by motion. The soreness extends to the eyeballs and is aggravated by turning them up. Aching in the knees ameliorated by putting them on the stretch, *i. e.*, another form of motion. Great debility in the morning; staggering on walking; great nervousness and restlessness.

Chilly all night; aching all over; bed feels hard (*Arn.*, *Bapt.*, *Rhus*). After dinner aching all over. Complaints are worse after eating; the fever is aggravated after eating. Chilly all night accompanying a fever is often a condition when a pus pocket is formed in internal parts; with shivering on lifting the bed clothes. It is not strange that this remedy has the chilliness, for it is pus itself. It is useful in typhoid, typhus, scarlet fever, low fevers, pyæmia, with pus cavities; surgical fevers. But its indiscriminate use in puerperal fever and septicæmia is abominable. It may not always do harm, but the patient has a right to his life. The remedy best indicated is the remedy that will cure.

Soreness; restlessness; amelioration from motion; anxiety; intense fever with hot sweat; flickering pulse; sore, bruised feeling throughout the body.

It has a chronic state. Long suffering from malarial complaints. Maybe Swan was right; poisoning from sewer gas may have established a miasm, which, complicated with psora and the vicious drugs used, has brought on a state which is serious.

RUMEX CRISPUS.

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We take up the study of Rumex, the Yellow Dock. It is a neglected medicine, and one that has been only partially proved. The mental symptoms have not been thoroughly brought out, but the catarrhal symptoms have been well expressed by provers.

There is a state of sadness; low spirited; aversion to work; irritable; mental excitability. This includes about all the mental state we know of this remedy, as the provings were made with the lower range of potencies and tinctures. The yellow dock has been used in domestic practice, as a blood medicine, to cure eruptions and boils. When used in this way it is a mild substance, and hence the provings are somewhat in this form.

The catarrhal tendency is very striking. The nose, eyes, chest and trachea, the whole respiratory tract, gives forth a copious flow, copious mucous discharge. I have seen it so copious from the nose that it seemed as one continuous flow; so copious from the trachea and bronchial tubes that the patient continually hawked up by the mouthful thin frothy, white mucus, so that in a little while as much as half a pint of thin mucus, as thin as water, would be in the cuspidor.

At times it has taken the form of grippe, with a copious mucous discharge; thin, watery, frothy expectoration by the mouthful. This is only the first stage. Following this the discharge becomes thick, yellow, tough or thick, white and tenacious; so ropy and stringy and tough that in spite of blowing the nose and coughing he fails to get it up. Completely exhausted from his efforts to expectorate the tough, stringy, tenacious even gluey mucus. This catarrhal state is commonly accompanied by a morning diarrhœa, and these constitute the leading features.

"Catarrhal headache with great irritation of the larynx and trachea, clavicular pain and soreness behind sternum." This is only a hint into the nature of the head symptoms. Catarrhal headaches are headaches that come on during spells of dryness, alternating with a copious flux. Extreme rawness in the larynx and trachea; burning and smarting; unable to endure pressure

on the throat pit. Tickling in the throat pit causing cough. Must sit without motion; cannot breathe deeply, hurriedly or irregularly because the burning and smarting are so much increased by any change in breathing. If he steps into the open air a paroxysmal cough takes his breath away; or if he passes from the open air into a warm room the same paroxysmal cough comes on. The paroxysm is so violent that in the morning, when he has a loose stool, he will pass it involuntarily. The urine also passes away with the cough. The headache returns when the discharges slack up.

A striking feature is pain under the clavicle; a sense of rawness under the clavicle; as if the parts inside were all raw; as if the air came directly under the clavicle, producing rawness and burning. Rawness and burning up and down the tubes from the inhalation of air.

"Nose obstructed; dry sensation, even in posterior nares." Many times the coryza starts out by a marked dryness in the posterior nares, so that he is constantly hawking; it seems he can't let it alone. There is a sensation of thickening in the nasopharynx, and he produces a peculiar noise in trying to get rid of it. "Sudden sharp tingling sensation in Schneiderian membrane." This is intense; tingling, tingling, tingling; sometimes described as an itching extending from the end of the nose to the pharynx; sometimes forces sneezing, blowing the nose and this peculiar noise, and sometimes a hawking to get the mucus when it is a little lower in the pharynx; hemming to get rid of it when in the larynx. The inflammation passes to the smallest bronchi, producing a capillary bronchitis and finally a pneumonia.

It suits acute and chronic catarrhal states. In old phthisical cases; every time he takes a cold, he is so sensitive to cold air and change of air that he sleeps with the bed clothes over his mouth. Every breath of air causes a spasmodic cough. The early expectoration is thin mucus, and then it becomes thicker and tenacious, and he can't expectorate it; he hears the rattle; after many efforts which exhaust him he expectorates a little with hardly any relief. This is a great remedy to do patchwork with in phthisis. Soreness, rawness and burning, especially down the trachea and under the sternum.

"Violent sneezing, with fluent coryza, worse in the evening and at night." A large number of symptoms are worse in the evening. "Coryza, fluent, with sneezing, with headache, worse evening and night." There it is again. Some symptoms are worse in the early morning. Certain kinds of cough are worse at 11 o'clock P. M. *Lachesis* and *Rumex* furnish a puzzle in this cough and each has to be understood. In *Lachesis* young children cough in their early sleep, but if kept awake they will not cough. Therefore in *Lachesis* the eleven P. M. cough is an aggravation from sleep. In *Rumex* the cough will come on at 11 o'clock whether the child is asleep or not.

"Accumulation of mucus in posterior nares." "Yellow mucus discharge through posterior nares." "Epistaxis, violent sneezing and painful irritation of nostrils." "Influenza with violent catarrh, followed by bronchitis." "Scraping in the throat;" whenever this catarrhal state goes into the larynx and trachæa, there is this continual scraping in the throat. Hoarse: can't speak because the vocal cords are covered with tough mucus. Chronic cases have often been cured. *Phosphorus* has this hoarseness, but especially aphonia relieved by hemming up a little mucus over the vocal cords. The *Causticum* hoarseness is due to a weakness of the vocal cords. *Phosphorus* has an inflammatory state and the continual accumulation of mucus impedes speech. *Rumex* has the accumulation of tough, gelatinous, gluey globules of mucus, and he hems and haws to get these out.

"Sensation of a lump in the throat, not relieved by hawking or swallowing, it descends on deglutition, but immediately returns;" this is also a strong feature in *Lachesis*. "Aching in the pharynx, with collection of tough mucus in the fauces." "Catarrhal affections of throat and fauces." This remedy all through shows the various stages of severe colds, but is especially indicated in constitutions that are constantly taking cold; worse in the change of the weather; always shivering about the fire; want much clothing, want even the head covered up.

Many complaints are worse in the evening, from a bath, from becoming cold, from inhaling cold air. Rheumatic complaints are common and are aggravated by cold. Every little cold seems to affect the joints. This is a marked feature of *Calcareæ phos*;



every change to cold is felt in the joints; from bathing and getting chilled afterwards.

"Tight, suffocative, heavy ache in epigastrium, through to back; clothes seem too tight; weak feeling in epigastrium, all aggravated when talking; frequently takes a long breath." "Shooting from pit of stomach to chest; sharp in left chest; slight nausea; dull aching in forehead." "Aching and shooting in pit of stomach and above it on each side of sternum." The stomach quits business, will not digest food, or only the simplest food; the mucous membrane of the stomach is affected by this remedy like other mucous membranes. Various kinds of pains in the stomach, aching, shooting pains in the pit of the stomach. "Aching pain in the pit of stomach gradually becoming very severe; sharp stitching pains in stomach extending into chest, and below a sensation of pressure like a lump in pit of stomach, sometimes rising up under sternum, greatly aggravated from motion and somewhat from taking a long breath; generally aggravated after eating, ameliorated by lying perfectly quiet." It is strange how the stomach symptoms are aggravated by talking. The stomach seems sore, aggravated by talking, walking; inhaling cold air; wants warm things. Very flatulent; full of flatulent pains; pains relieved by belching and passing flatus. Stomach and abdominal pains aggravated by talking, irregular breathing; must sit in a chair and breathe with perfect regularity. Irregular or jerky breathing will cause cough or suffocation.

In the morning hurried to stool like *Sulphur*. "Stools: painless, offensive, profuse; brown or black, thin or watery; preceded by pain in abdomen; before stool sudden urging, driving him out of bed in morning." "Morning diarrhœa with cough from tickling in throat pit." It is common for old phthisical cases to have a morning diarrhœa, and many of them look like *Sulphur*. When the morning diarrhœa is gushing, *Rumex* will palliate; it will allay the extreme sensibility of the lungs, will ward off the sensitiveness to cold and will patch him up, whereas if *Sulphur* had been given it would have torn him down. *Rumex* is not so deep as *Sulphur*, but it is somewhat of an antipsoric. It is limited, however, to the early stages; will carry a chronic case so far, but

it will require to be followed by an antipsoric. *Calcarea* follows it commonly.

Rumex is as sensitive to cold, to baths, and chilly surroundings as *Rhus*, but it is aggravated by motion. *Bryonia* may be confused with it in this aggravation from motion and from talking, but *Bryonia* is not so sensitive to cold air, is often relieved from cold air, and worse in a warm room; the complaints subside if the room becomes cool enough. In Rumex the nerves are sensitive to the open air; a nervous sensitiveness to open air as marked as *Nux*.

"Brown, watery diarrhœa, chiefly in morning; having stools from 5 to 9 a. m." "Serious attack of diarrhœa in an old man of seventy, after failure of *Sulphur*." Some one had given *Sulphur*, thinking it was indicated. The *Sulphur* patient with a cough, especially in phthisis, commonly wants cool air, cooling things; though the stomach symptoms are sometimes ameliorated from hot drinks yet he wants cool, refreshing air.

"Aphonia after exposure to cold." "Tenacious mucus in throat or larynx, constant desire to hawk." "Tickling in throat pit causing cough." This is a high grade symptom. He fights off the cough as long as he can because of the burning and rawness. In the most violent coryza there is a lack of the febrile symptoms of *Bryonia*, *Rhus* and *Aconite*. It has not the constitutional symptoms, the aching in the limbs, the general soreness, the high fever and thirst. The condition seems to have localized itself.

"Hoarse, barking cough, in attacks, every night at 11 P. M. and at 2 and 5 A. M. (children)." "Cough, with pain behind midsternum." "The most violent cough occurs a few moments after lying down, and at night, in some cases complete aphonia."

"In women every fit of coughing produces the passage of a few drops of urine."

Rumex is one of the most valuable palliatives in advanced phthisis; it will often carry a case through another winter. With *Rumex*, *Pulsatilla*, *Senega*, *Arsenic* and *Nux vomica* you can patch up the last years of a phthisical patient, whereas with *Silicea*, *Sulphur*, etc., you would kill him the first winter. I would caution you also about the diarrhœa that occurs in most

cases of phthisis. You will see *Acetic acid* recommended for the diarrhœa of phthisis. You had better let such conditions alone, unless they are very marked. If the diarrhœa is very exhausting use some simple medicine, like this one, to slack it up. But the phthisical patient is better off with a little diarrhœa, a loose morning stool. It is the same with night sweats; if he does not have them he will have something more violent. The allopath stops the diarrhœa and night sweats, and then has to feed Morphine to his patient because of the consequent sufferings. The more you undertake to relieve these outward conditions, these vents, the more harm you will do the patient, and if you go on you will have to abandon your homœopathy and give morphine, which is really a crime.

You will remove the sore, bruised, aching all over the body of a consumptive by *Arnica*, and it will suit the cough and gagging and retching, and make him sleep. Later *Pyrogen* may be needed for the aching in the bones and distressing cough. You patch them up year after year; sometimes *Arsenic* is the remedy, and it has to be more frequently repeated; sometimes it is *Lycopodium*, *Pulsatilla*, *Pyrogen* or *Arnica*. These medicines help them along and they have often to be changed, but finally the break down occurs, and these medicines are no longer suitable. An awful dyspnœa gradually creeps on the patient; there is a craving for air; the breathing space is becoming diminished. Dropsy comes on in the extremities. The heart gives out; there is emaciation; the hippocratic countenance is seen; there is cold sweat, blue face, sinking. Even now we can palliate with *Tarantula cubensis*. Sometimes it has to be repeated. It will relieve for days and give an euthanasia, not a stupefaction as produced by Morphine, withdrawing his senses, but an actual comforting.

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#### RUTA GRAVEOLENS.

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Ruta is another remedy often overlooked. It is sometimes overlooked and *Rhus* or *Argentum nitricum* given, or other remedies not fully related to the case are given because Ruta is not well known. It is difficult to put it in the Repertory, to describe and name it.

A knowledge of its *nature* must be obtained. It falls under a class of complaints that resemble *Rhus*, in that it is sensitive to cold, aggravated from cold, damp weather; aggravated from becoming cold, and the complaints are often brought on from straining the part; overstraining or overexertion of parts, but principally confined to the portions of contractors that are of a tendinous character; aponeurotic fibres; white fibrous tissue; the flexor tendons especially; flexor tendons that are overstrained by exertion in contracting. *Rhus* has something like this, but nothing like what is found in *Ruta*. *Ruta* often suits in various surgical conditions; periosteal troubles from injury. Periosteal trouble where the flesh is thin over the bone; over the tibia. Bruises go away slowly and leave a hardened spot; induration; thickening of periosteum; a knotty, nodular condition; it remains sore; slow repair. Patients manifest a lump in the periosteum that has existed for months or years; sensitive and sore and nodular; as a result of a blow with a stick or a hammer, or from bumping the shin bone against a stone. In farmers, woodmen, mechanics, from holding a hammer or iron instrument; hard nodules form in the palm from clasping the hand over an iron instrument in projecting it forward, as from using a crowbar; a hardened mass of tissue in the tendons, like a bursa. Tendency to the formation of deposits in the periosteum, in bone, in tendons, about joints. The especial location is in the wrist; bursæ and nodules form in this part. Overstraining of tendons and in the place where it is likely to give out a nodule will form in the tendon; lumps, bunches, little tumors in the tendon. Gradually increasing contraction of flexors, so that the hands become permanently flexed; the foot becomes flexed so that the sole becomes increasingly concave, and the toes are drawn under from overstraining and violence to the contractors and flexors.

Overstraining of the muscles of the eye. These muscles are largely tendinous. Continual use until it becomes an overuse. Eyestrain followed by headache, and the effects are also on the globe of the eye, and coating of the eye, so that the overstrained eye is intensely red. Pain in the eye, above and through the eye when he attempts to keep up vision, that is, aggravation from the exertion of vision. From looking at fine print, fine sewing, deli-

cate needlework. This overexertion of vision brings about redness, pain and inability to concentrate vision on one point. Headache follows. Here *Argentum nitricum* resembles Ruta. *Arg. nit.* and *Natrum mur.* are the two remedies the routinist gives. But they can be easily differentiated. Ruta is aggravated from cold, wants everything warm. *Arg. nit.* is aggravated from heat, wants to be in a cool place. The patient must be considered.

There is general exhaustion in Ruta. The legs give out on rising from a chair, the patient totters and makes several efforts on rising from a seat. Routinists give *Phosphorus* and *Conium* for this. Ruta and *Phosphorus* both have violent, unquenchable thirst for ice-cold water and can never get enough of it. Compare *Phos.* and *Con.* because of the weakness through the hips and thighs.

The remedy has not been proved sufficiently to bring out the mental symptoms. They are only common and belong to many other remedies. "Inclination to contradict and quarrel." "Dissatisfied with himself and others." "Anxious and low-spirited, with mental dejection." These symptoms are only common; they can be grouped in one of two classes. The patient can be irritable, or the opposite—good-natured. This remedy is classified among the irritable. "Despondent," that is, the opposite of happy—another of two classes. "Melancholy disposition toward evening." The only thing here is that it is aggravated towards evening. When things are brought out so that they belong to one of two classes, they are important only in a mild degree.

Many of the complaints are worse lying down, especially the pains that are sharp, stinging, tearing in the nerves. Ruta is a painful medicine, but it is slow in producing symptoms, hence its pains are of a chronic nature. Old neuralgias, stinging, rending, tearing, burning pains, especially in the lower extremities, about the eyes; faceaches. It has all the pains in the books, described by all the adjectives that apply to pain, but it is worse lying down and worse from cold. Rending, tearing pains in the sciatic nerves. Neuralgias of all sorts, but severe. The severest forms of sciatica; pains commence in the back and go down the hips and thighs; rending, tearing pains; comfortable during the day, but aggravated as soon as he lies down at night. *Gnaphalium* is a

great sciatic remedy, and it also has this aggravation from lying down.

"Eyes feel hot like balls of fire." To use Ruta for a pure inflammation when the eyes feel hot like balls of fire would be a total failure. *Euphrasia*, *Belladonna* and *Aconite* are used in pure, simple inflammations from a cold, and the antipsorics when the case is chronic. But if a woman strains her eyes from long sewing on fine work, and the balls feel like fire, she needs Ruta. *Aconite* if, after exposure to cold winds, there is inflammation with lachrymation, and the eyes look like raw beef.

"Eyes burn, ache, feel strained; sight blurred; aggravated from using them in the evening," a part of the general aggravation in the evening. When, in copying, the manuscript is placed here, and the copy at a different distance, this necessitates a constant change of vision in looking from one to the other, and, especially if the copying is done in a poor light, a headache will come on, which Ruta will cure. After overusing the eyes in this way, if the patient rides in a cold wind, a paralytic weakness results, and this is a further indication for Ruta. Lachrymation from exposure to the wind or riding in the cold. Paralysis of certain muscles of the eye, even strabismus; all sorts of disturbances of accommodation. "Loss of power over internal rectus." "Asthenopia; irritability of every tissue of eye from overwork or from using eyes on fine work; heat and aching in and over eyes; eyes feel like balls of fire at night; blurring of vision; letters seem to run together, lachrymation, etc." "Amblyopia, dependent upon overexertion of eyes, or anomalies of refraction; from writing by artificial light; fine needlework, etc.; in a weaver could with difficulty distinguish one thread from another, and could not read at all; mistiness of sight, with complete obscuration at a distance."

Constipation is a striking feature, with prolapsus of the rectum at stool. "Frequent unsuccessful urging with prolapsus ani." "Protrusion of rectum after confinement."

*Back symptoms.* It is a decided rheumatic remedy. All those remedies which are susceptible to cold, aggravated by cold, wet, stormy weather, are described as rheumatic remedies. Rheumatic symptoms of the back. "Pains as if bruised in lumbar

vertebræ." "Pain in back or coccyx as from a fall or blow, or as if bruised." "Hamstrings feel shortened and weak; knees give way going up or down stairs." "Pain and lameness in the ankles after a sprain or dislocation." "Lameness after sprains, especially of the wrists and ankles." Immediately after a sprain for the inflammatory state you will most likely need to give *Arnica* and *Rhus* will probably follow. But when nodules occur in the tendons as a result of the strain *Ruta* is called for. *Ruta* is a great medicine for a mere sprain alone; it has all the soreness and weakness of tendons. *Arnica*, *Rhus* and *Calcarea* are often necessary in a routine way when there is absence of all symptoms, except the strain alone.

Paralytic weakness in the lower extremities after a sprain of the back.

Under the aggravation in the evening is melancholy disposition, burning in the eyes, green halo around the light; sight blurred; eyes ache; pain below right scapula.

Extreme restlessness like *Rhus*. So restless, he can't keep still; a nervous restlessness.

Tissues: "Bruised feeling all over as from a fall or blow, worse in the limbs and joints." "Bruises and other mechanical injuries of bones and periosteum, sprains; periostitis; erysipelas."

*Ruta* is related to *Mercury*, and is an antidote to *Mercury*.

Eruptions on the skin with itching, which changes place after scratching like *Mezereum*. Compare *Phos.* in the thirst for cold water and the weakness of the lower extremities. In the rheumatism distinguish *Phytolacca*. Compare *Rhus*, *Sepia*, *Silicea* and *Sulphur*. *Ruta* is an antipsoric, but not so deep as *Silicea* and *Sulphur*.

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## GELSEMIUM—COMPARISONS.

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Has been well proven and its sphere of action is well defined. It is in no sense a sensational remedy. It has few characteristic symptoms that are exclusively its own; and, unlike many other remedies, it has no one symptom which alone would ever justify the prescriber in its selection; but its totality forms a picture that no prescriber could fail to recognize.

In the preparation of this article only the more marked symptoms have been compared and the arrangement of Hering's Guiding Symptoms has been followed.

## MIND.

Incapacity to think or fix the attention: Aeth., Cimic., Nux v., Phos. ac.

Desires to be let alone: (Ars., Carbo an., Chin., Coloc., Dros., Helon., Hyos., Ign., Lyc., Nux v., Rhus tox.) (Reverse: Camph., Kali c., Mez., Puls., Sep., Stram., Verat. a.) irritable, sensitive. Aeth., Anac., Asaf., Bry., Cham., Hep., Nux v.

Fear of death: (Acon., Agn., Ars., Bell., Can. ind., Cimic., Coff., Hell., Hep., Nit. ac., Sec. c.); has no courage: Carls., Lach., Nux v., Phos. ac., Sil., Stram., Verat. a.

Every exciting news causes diarrhoea; bad effects from fear or fright: Acon., Arg. n., Ign., Opi., Phos. ac., Puls., Verat. a.

Aggravated while thinking of his symptoms: Alum., Bar. c., Caust., Calc. c., Oxal. ac., Nit. ac., Ran. bulb., Sabad., Spig., Spong., Staph. (Reverse: Camph., Cic., Hell., Mag. c., Prunus.).

## SENSORIUM.

Dizziness and blurring of vision, gradually increasing, all objects appear very indistinct: Acon., Anac., Arg. m., Bell., Calc. c., Canth., Carbo an., Cham., Hep., Lach., Laur., Merc., Nux v., Phos., Puls., Sabad., Sulph., Zinc.

Vertigo: (Acon., Aeth., Agar., Ambra., Anac., Ant. c., Arn., Bell., Bry., Calc. c., Cocc., Con., Dig., Hyos., Laur., Merc., Mosch., Natr. m., Nux v., Petr., Phos., Plumb., Puls., Sil., Sulph., Tabac., Thuj.); dim vision: (Agar., Canab. ind., Caust., Cina., Con., Croc., Cycl., Euph., Hep., Hyos., Lyc., Mag. c., Phos., Plumb., Puls., Ruta., Sass., Sil., Staph., Stram., Sulph., Tabac.) fever; seems as if intoxicated, when walking: (Ambra., Bry., Con., Cocc., Led., Nitr., Nux m., Samb.).

When attempting to move, the muscles refuse to obey the will; (the muscles do not act properly if the mind is not strongly fixed upon them: Hell.); giddy, confused, lack of muscular co-ordination.

Child dizzy, when carried seizes the nurse, fearing that it will fall. (Borax has the same when descending).



## HEAD.

Heaviness of head: (Acon., Am. m., Arn., Ars., Calc. c., Camph., Carbo v., Cham., Dulc., Hell., Ipec., Kali iod., Laur., Mag. m., Meny., Natr. m., Natr. s., Nicc., Oleand., Opi., Phos. ac., Plumb., Puls., Rheum, Rhus tox., Stann., Staph., Sulph., Tabac.) slightly ameliorated by shaking the head; (better from motion generally: Agar., Brom., Dulc., Kali iod., Mag. m., Natr. c., Rhus tox., Samb.). (Better from dancing: Sep.). (Better from walking: Con., Valer.); better after a profuse micturition: (Lyc.).

Sensitive bruised sensation of the brain: Aur., Caust., Cupr., Euph., Euphorb., Hell., Ign., Ipec., Mur. ac., Natr. m., Nux v., Petr., Rumex., Verat. a.

Nervous headache, from emotional excitement: Ign.

Headache, principally in occiput; ameliorated by reclining the head and shoulders on a high pillow: Ars.

Neuralgic headache beginning in upper cervical vertebra; vertebra prominens sensitive; (general sensitiveness of the vertebra: Therid.); Pains extending over the head, causing a bursting pain in forehead and eyeballs. (Sang. headache begins in occiput, not spine, and settles around the right eye; Spig. begins same and settles around left eye).

Sensation of a band around the head above the ears: Cimic., Merc., Sulph. (The Chelid., Carb. ac. and Graph. band is only across forehead.)

## EYES.

As if a snake were before the vision, with pain over the eyes. Borax, Calc. c. Plat. and Thuja., have waves before the eyes; Am. c., Glon., Natr. m. and Sep. have bright streaks of light before eyes, and Phos. ac. has dark streaks before the eyes.

Blindness, with dilated pupils: Kali iod., Hell.

Smoky appearance before the eyes, (Cycl., Phos.), with pain above them.

Amaurosis from masturbation; mind and body prostrated: Phos. ac.

Pupils dilated: Bell., Hyos., Opi., Stram. Bruised pain above and around eyes.

Paralysis of the ocular muscles: Con. (Paralysis of accom-

modation, Atroph.; of rectus externus, Nux v.; of any of the muscles, brought on by sexual excitement, Phos.).

Drooping of the lids, ptosis: Con., Morph., Rhus tox., Sep., Spig., Verat. a.

## EARS.

Sudden transient loss of hearing. (During cough, Chel.)

Pain from the throat into the middle ear: Bell., Calc. c., Hep., Ign., Kali b., Lach., Merc., Nux v., Phyt.

## NOSE.

Fullness at root of nose: Acon., Ang., Bapt., Can. sat., Calc., Chin., Dulc., Kali b., Merc. iod., Natr. ars., Plat.

Hay fever, with morning sneezing.

Epistaxis, with suppressed menses: Bry., Puls.

## FACE.

Crimson flush of face, in all positions: Bell., Bapt., Opi. (Pale face becomes flushed upon rising, Acon.)

Face heavy, besotted expression: Bapt., Opi.

Muscles of face, especially around the mouth, seem contracted, making speech difficult. (Contraction of upper lip, Ars.; of right cheek, Eup. perf.; of left side of face, Physos. Sensation of contraction, not affecting speech, Bell., Mosch.)

Pain in r. temple, spreading to ear, eye and face.

Lips dry; coated with dark mucus. (Coated black, Ars., China.)

Lower jaw wagging sideways, has no control over it.

## TASTE AND TONGUE.

Numbness of tongue: Calc. c., Caust., Calc. p., Con., Hell., Hyos. (l. side numb, Agar.)

Tongue feels thick; can scarcely speak: Caust., Con., Hyos.

## MOUTH.

Saliva colored yellow as from blood: Phytol., Rhus tox.

## THROAT.

Swallowing causes shooting in the ear: Hep., Nux v.

Throat feels filled up; tonsils inflamed, swollen, beginning in r.

Painful sensation of a lump in throat that cannot be swallowed, especially in hysterical subjects: Hep., Ign.

STOMACH.

Feeling of emptiness and weakness of the stomach and bowels: Hyd., Puls., Sep., Sulph.

STOOL.

Diarrhœa from excitement: Acon., Arg. n., Ign., Opi, Phos. ac., Puls., Verat. a.;

from depressing emotions: Coloc., Phos. ac.;

from fright and fear: Acon., Ign., Opi., Verat. a.;

from grief: Coloc., Ign., Phos. ac.;

from indignation: Coloc., Ipec., Staph.;

from chagrin: Aloe, Bry., Cham., Staph.;

from anger: Acon., Bry., Cham., Ipec., Nux v.

Stool: Yellow, fecal, Agar., Aloe, Apis, Gamb., Natr. s., Phos. ac., Podo.; bilious; Cham., Fluor. ac, Puls.; cream colored, Calc. c.; clay colored, Hep., Kali b., Calc. c., Nit. ac., Petr.

URINE.

Copious discharge of clear, limpid urine (Phos. ac.); relieving dullness and heaviness of the head: Asclep. c., Sang., Tereb.

Involuntary micturition, from excitement: Caust.

MALE SEXUAL ORGANS.

Involuntary emission of semen without an erection: Cinch., Graph., Phos. ac.

Genitals cold, relaxed; dragging pain in testicles: (Agn., Camph., Can. sat., Dios., Phos. ac.

FEMALE SEXUAL ORGANS.

Severe, sharp labor-like pains in uterine region, extending to back and hips: Cimic., Sec. cor.

Loss of voice during menses.

Cramps in legs during pregnancy: Cupr., Cimic., Mag. p., Sec. c., Verat. a. (if accompanied by cold sweat). (In toes and soles, Calc. c.).

Inefficient labor pains or none at all; or widely dilated, complete atony: Caul.

False labor pains; rigid os: Bell.

Nervous chills in first stages of labor.

HEART.

Pulse slow and feeble; can not be felt: Apis., Ars., Berb., Kali brom., Can. sat., Kalm., Nux m., Podo., Seneg., Tabac.

Fears that unless she constantly moves about that her heart will stop beating. (Reverse, Dig.).

#### NECK AND BACK.

Pains in neck like those of cerebro spinal congestion.

Pain in neck and under l. shoulder blade.

Dull aching pain in lumbar and sacral region; cannot walk, the muscles refuse to obey the will.

#### LIMBS.

Fatigue of legs, after slight exertion: *Natr. c.*

Trembling in all the limbs: *Acon.*, *Arg. n.*, *Benz. ac.*, *Con.*, *Hyos.*, *Iod.*, *Lach.*, *Mez.*, *Spong.*, *Stram.*

Loss of muscular power in the legs, they will not obey the will.

#### NERVES.

Weakness and trembling through the whole system: *Caul.*, *Phos. ac.*

Complete relaxation and prostration of muscular system, with entire motor paralysis. (Compare *Ang.*).

#### FEVER.

Chills running up spine from groin to nape of neck, following each other in rapid, wave-like motions. (Chills running up spine, *Arg. n.*, *Staph.*, *Sulph.*; down spine *Apis*, *Coff.*, *Colch.*, *Croc.*, *Mez.*, *Mag. c.*, *Phos.*; up and down spine: *Abies can.*, *Caps.*, *Eup. purp.*, *Ruta.*; chill down and heat up, *Phos.*).

Chill begins in hands and feet: *Ign.*, *Mez.*, *Natr. m.* (In hands, *Chel.*, *Dig.*, *Eup. perf.*, *Nux v.*, *Rhus*, *Sabad.*, *Sulph.*; in arms, *Bell.*, *Dig.*, *Hell.*, *Plat.*; in feet, *Alum.*, *Chel.*, *Hyos.*, *Meny.*, *Nux v.*, *Opi.*, *Sep.*, *Sil.*).

Chill every day at 4 or 5 o'clock: *Apis*, *Ars.*, *Ced.*, *China*, *Con.*, *Graph.*, *Kali c.*, *Mag. c.*, *Natr. m.*, *Nux v.*, *Rhus tox.*, *Sabad.*, *Sulph.*

Child wants to be held, during the chill, so that he will not shake so hard: *Lach.*

Sleepy as chill is leaving: *Apis*.

Nervous chills from fear or fright, with shivering and chattering of teeth: *Acon.*, *Opi.*

Profuse sweat, which ameliorates the pain. (*The Nat. m* and *Ars.* sweats relieve all symptoms).

Fever without thirst: Alum., Ant. t., Apis, Calc. c., Camph., Caps., Carb. v., Caust., Cimex, China, Dros., Ferr., Ign., Led., Sep.

Heat, with intense burning: Ars., Bell., Bry., Petr., Sulph.

Regular, periodical fever without chill: Cina.

ADAPTED TO

Children; women of nervous temperaments; irritable, excitable people; onanists of both sexes.

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AN APPEAL FROM THE AMERICAN INSTITUTE OF  
HOMŒOPATHY.

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The coming session of the American Institute of Homœopathy will be the fifty-fifth session in its history. Organized with scarcely a hundred of our fellows, to foster and spread the tenets of our school, it finds itself to-day the organized body of nearly or quite 20,000 acknowledged practitioners of the homœopathic faith. Yes, the entire body of the profession has been called upon the stage since the organization of this, our grand old Institute, the oldest national medical society in the United States. What has it done for us? It has inspired noble fathers with a courage, a faith, a conviction, and has given to us a heritage, a knowledge, a conception of the greatest law of cure, and a most honorable place in the world as homœopathic physicians. It has raised the standard of medical education; it has moulded just and kindly legislation; it has swept away the barriers and opened to us every honorable place that awaits an honorable profession; it has given us a literature; it has made us what we are. And what have we, its children, done for the American Institute of Homœopathy? In its fifty-five years, perhaps 4,000 of the many thousands who in all these years have avowed allegiance to our master, have for a greater or lesser time been members of the Institute. But only the few have been faithful laborers over many years. The greater number have reaped where others have sown. We cannot believe it is aught but the carelessness and neglect of busy life, but had not the Institute moulded public opinion, corrected legislation, and builded for education, how many of us would have had the opportunities for a busy,

prosperous life such as we have led? We ask you, who, though brothers, are not members with us, to give us your support, and to render unto the American Institute, which has cherished you and your interests, that which is its due. From you, fellow members, we ask special and personal work. We ask you in every city of the land to arrange to meet your fellows in social gatherings or around the banquet board on the evening of Wednesday, January 25, 1899. Let the evening be given to the recalling of the past work of the American Institute, to plans and vows of loyalty for the future, to a seeking of new members, to a recognition of the strength of a united force, to the giving up of the selfishness and thoughtlessness of the individual, to the cultivation of a labor not for ourselves, but also "for others." The knowledge that on this one evening throughout the breadth of our land we are all giving ourselves to a common cause, may give to Homœopathy and to the American Institute an impetus that shall enable her to place the child of her love and care on a foundation as firm and strong as the granite hills. And may the medical press of February, 1899, give us reports of hundreds of meetings full of enthusiasm and loyalty, that shall sound from ocean to ocean.

BENJ. F. BAILEY, President.  
EUGENE H. PORTER, Secretary.

*January 1, 1899.*

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#### A WORD OF ENCOURAGEMENT.

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BROOKLYN, December 13, 1898.

*Dear Doctor:* I like your Repertory very much, I think it is the best we ever had.

Likewise the JOURNAL OF HOMŒOPATHICS, which is the only homœopathic journal in the world standing for the full Homœopathy of Hahnemann, Similia Similibus, one remedy and potency. May it spread and prosper.

Yours fraternally, B. FINCKE.

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BACK NUMBERS. Thirty-three lectures on Materia Medica and eighteen lectures on homœopathics have now appeared in the JOURNAL. These will form quite a text-book for students and recent graduates. Complete sets of back numbers can be supplied.

## DEPARTMENT OF HOMŒOPATHICS.

## LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT, at the Post-Graduate School.\*

## LECTURE XVIII.

## CHRONIC DISEASES—PSORA.

Psora is the beginning of all physical sickness. Had psora never been established as a miasm upon the human race, the other two chronic diseases would have been impossible, and susceptibility to acute diseases would have been impossible. All the diseases of man are built upon psora; hence it is the foundation of sickness; all other sicknesses come afterwards. Psora is the underlying cause, and is the primitive or primary disorder of the human race. It is a disordered state of the internal economy of the human race. This state expresses itself in the forms of the varying chronic diseases, or chronic manifestations. If the human race had remained in a state of perfect order, psora could not have existed. The susceptibility to psora opens out a question altogether too broad to study among the sciences in a medical college. It is altogether too extensive, for it goes to the very primitive wrong of the human race, the very first sickness of the human race, that is the spiritual sickness, from which first state the race progressed into what may be called the true susceptibility to psora, which in turn laid the foundation for other diseases. If we regard psora as synonymous with itch, we fail to understand, and fail to express thereby, anything like the original intention of Hahnemann. The itch is commonly supposed to be a limited thing, something superficial, caused by a little tiny bit of a mite, that is supposed to have life, and when the little itch mite is destroyed, the cause of itch is said to have been removed. What a folly!

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\*Stenographically reported by Dr. S. Mary Ives.

From a small beginning with wonderful progress, psora spreads out into its underlying states and manifests itself in the large portion of the chronic diseases upon the human race. It embraces epilepsy, insanity, the malignant diseases, tumors, ulcers, catarrhs, and a great proportion of the eruptions. It progresses from simple states to the very highest degree of complexity, not always alone and by itself, but often by the villainous aid of drugging during generation after generation; for the physician has endeavored with all his power to drive it from the surface, and has thereby caused it to root itself deeper, to become more dense and invisible, until the human race is almost threatened with extinction. Look at the number of the population upon the face of the earth, and notice how few arrive at the age of maturity. It is appalling to think of the number of infants that die, and these largely from the outgrowths, or outcoming of psora. We see little ones born who have not sufficient vitality to live. The congenital debility, and marasmus, and varying diseases of a chronic character that carry off the little ones, have for their underlying cause the chronic miasms. The principal underlying cause is psora, next syphilis and next sycosis.

It required twelve years for Hahnemann to discover and gather together the evidence upon which he came to his conclusions. When a patient came to him who manifested chronic disease in any way he took pains to write down carefully in detail all the symptoms, from beginning to end, with the history of the father and mother, until he had collected a great number of appearances of disease, not knowing yet what the outcome would be; but after this careful writing out of the symptoms of hundreds of patients, little and great, and comparing them and then gathering them together in one grand group, there appeared in the totality of this collection, a picture of psora in all of its forms. Up to this time the world had been looking upon each one of these varying forms as distinct in itself, *e. g.*, all the striking features of epilepsy would be gathered together, and epilepsy was then called a disease; but epilepsy is only one of the results of disease, and never appears twice alike. Every person who has epilepsy differs from every other epileptic on earth. But epilepsy, insanity, diabetes, cancer, Bright's disease,



and every other case of so-called disease, have all had a beginning and one beginning. They are not distinct, but operate in each person in accordance with that individual. Hahnemann says that before he began that collection of symptoms he was struck somewhat with wonder that *Nux Vomica* and *Ignatia* and such short acting medicines were able to cure only a single manifestation of disease, a group of symptoms, or they would relieve for a time, and then the symptoms would come back although he had followed up the treatment to the best of his knowledge. At the end of a case, he could discover that there had been a continuous progress in spite of the fact that he had relieved his patient of suffering a good many times. So it is as long as acute acting remedies are used, and you will use them if you do not know the psoric doctrine. The short acting medicines are the ones that contain the counterparts of the acute manifestations of psora, and hence when these acute manifestations appear in groups of symptoms, you will naturally select acute remedies, and you will palliate them from time to time, but at the end of years, you will look upon every individual case, and will notice that the case has been steadily progressing. You will find that you have not struck at the root of the trouble, that there is an underlying something present and prevailing and that the disease is steadily growing worse. Hahnemann saw this and it was a mystery to him because he had acquired a perfect mastery over the acute diseases with the acute remedies. Such *apsorics* had been at this time very well proved, *Belladonna*, *Aconite*, *Bryonia*, *Arnica*, *China*, *Nux Vomica*, etc., and these had been found to be perfectly suitable for the acute manifestations of psora and for the acute miasms. Hahnemann had not yet learned that the acute miasms were utterly and strictly acute miasms; and could not therefore, compare acute miasms with chronic miasms, or vice versa. He had not seen them yet as miasms; in fact one will not understand the acute miasms clearly until able to compare them with chronic miasms. They side up one with another, and make it wonderfully manifest. The acute miasms come on either with sufficient violence to cause death to patients, or with less violence, wherein there is a period of progress and a natural tendency to recover. They cannot be prolonged in the patient,

and must subside. The acute miasms are not governed in accordance with fixed time in order to be acute miasms, because they have times of their own. Neither is there a time after the lapse of which the chronic miasm is said to be chronic. According to the old school, diseases have been divided into acute, sub-acute and chronic. If any sickness ran longer than six weeks, it would be placed among the sub-acute, if it ran on indefinitely, it was called chronic. But a chronic miasm is chronic from its beginning, and an acute miasm is acute from its beginning. It is from its nature, from its capabilities, from what it will do to the human race, that we must name the miasm. So Hahnemann said that he was astonished to find at the end of a certain length of time no progress had been made with his remedies in chronic diseases. The symptoms appeared with their own regularity, much stronger than before, which showed that they were progressing. Hahnemann enters not only a difficult study but with all sorts of difficulties, and after studying for twelve years, he developed the fact that in all the cases observed, there was an underlying chronic disease, a chronic miasm, which had a tendency to progress and to end only with the life of the patient. Then he bent himself to the provings of medicines in order to discover from them a likeness to the chronic miasms. Had he never come to this conclusion, he would not have noticed such things.

When he had brought all the symptoms before the mind in one grand collective view, he began to observe and reflect as to what was the first, and what was the second, and later appearances in the line of progress in this deep-seated chronic miasm. Thus it was that he observed amongst those who were dying with phthisis that in their younger days they had a vesicular disease between the fingers and upon the body, which had been suppressed by the ointments in vogue at that time. Then the question naturally arose, what had this suppression to do with that which came afterwards? As to how Hahnemann figured out the answer to that question you can read in his "Chronic Diseases," but he does not tell it all; although he gives many pages of experiences and observations. You will more clearly understand and be better prepared to take up Hahnemann's line of thinking, if you

enter into the use of appropriate medicines and apply principle to the progress of disease—that is, you will see a demonstration of his teaching in the curative treatment of a very large number of cases of sickness, by applying the principles that diseases get well in the reverse order of their coming, that the latest symptoms will be the first to go away, and that the older symptoms will come and go in the reverse order in which they appeared; old symptoms, in the form of eruptions come back, old chills, which have been suppressed, come back, and many other chronic manifestations come back again in a sort of successive order. If we observe these things we must come to the conclusion that when we have driven these oldest and deepest troubles back to their original manifestation which was perhaps a vesicular eruption, and if we see nothing more simple than this eruption, we must conclude that such an eruption was the beginning of it. If you practice accurately, you will observe these things; if you are not a success in practice, you will not observe these things. Many patients are so badly off that this is never observed, and then we have the onward progress, that is we have the patient declining, instead of the disease declining. If that patient is only better as to symptoms, and his old symptoms do not come back we know that he is only being palliated, that the disease processes are only being restrained, but that it is not a case of cure. There is one thing that you should know and it is sometimes best to say it to the patient, and that is that they should not take too much courage, because a patient that takes too much courage, may take too much discouragement when reverses come. So when a woman walks into your office and says beautiful things by way of gratitude, for what you have done for her, because you have mitigated the deep-seated trouble, perhaps chronic sick headache, or epilepsy, but she cannot tell you of an eruption returning or you have observed no backward progress of that disease, no reverse order of the symptoms, it is often well to say to that patient, that notwithstanding the fact that she appears to be much improved, the trouble is not over for all that. On the other hand it is sometimes wise to say: "If an eruption should come out, do not on your life meddle with it," because they will probably use what they say relieved it in the first place,

some Sulphur ointment, or some other miserable stuff. The physician should bear in mind to caution the patient against removing any of the symptoms in the case. When the patient comes and reports such wonderful tales of progress, take down your record and look it over. If you have in the record failed to get the earlier history of the case, endeavor then, if possible, to find out something about the previous symptoms, the earlier symptoms, and then it is sometimes well with an intelligent person, to say, "Do not be surprised, do not be alarmed, if such and such symptoms return," cautioning the patient to report to the physician, and apply nothing. Now, it is from these circumstances that we observe finally, where the patient is so well instructed not to do anything, to take no drugs, to keep the life as pure as possible, to keep the physical forces untrammelled by violence, it is under such circumstances, that we shall observe the coming back of symptoms that have long been suppressed. Long after the treatment has ceased, a patient will come back and say, "This old trouble has come back on me, can you do anything for it?" You have now to look over the record, and you see that sure enough this is like what came out in the beginning of this trouble; that psora existed in its simplest form of a vesicular eruption upon the child, and that it was suppressed. These are the simplest cases of psora, because these can be counted collectively in one person but the complicated forms of psora are those that are inherited. Amongst the simple forms of psora, after the eruptions disappear, catarrhal troubles come on, with their varying manifestations. You prescribe for all these symptoms, and presently the eruptions of childhood come back, especially in a younger person. If it is in a more complicated state, we do not get the patient back to the original form of psora, because the parent had the simple form of psora, and the child gets a complex form, so that when the symptoms come back from the advanced states of psora, we only get a less complex form from those which were present when the patient came to you. You will seldom see the vesicular form or simple form brought back except in those who have had the simple form, but forms approximating the simple will return if the vital energy of the economy is being turned into order. Since this, then, is the natural form of recovery, we see we are

gradually traveling back towards the beginning of psora or its earlier forms. If you are treating a vicious form of scaly eruption, dry hard horny scales, you will, under accurate prescribing, notice these scaly formations disappear, but after the vital force has become strong enough, you need not be surprised to see *vesicular* eruptions develop, for the original so-called disease had changed from its vicious squamous form to the milder vesicular form. Different names have been given to the skin diseases, but we see that names are of very little value. The different eruptions change into varying forms, but they are all from one cause, and will come back in their successive stages under true homœopathic treatment. This is seen quite often enough to demonstrate what I am talking about and from this alone we can ascertain that psora begins with the simple isolated vesicular form of eruption. At times you will be treating the more advanced and complicated forms of psora, where there are organic changes; after the patient gets the homœopathic remedy, for a while he comes to a stand still, seems to be doing nothing, but in the course of time, vicious ugly eruptions come out upon the body. This is a good sign; in so far as the disease manifests itself upon the skin, or in catarrhal discharges, the internal organs are safe, and when these outward manifestations are stopped, the internal parts suffer. If this be true, what conclusion must we come to as to the good or injury done to patients, when every catarrhal discharge is stopped, and every eruption upon the skin is driven away by outward applications. What are we to conclude when we see that the idea of the medical world of to-day is to stop everything that appears upon the surface? When we know the truth in regard to psora, we see what a wonderful damage it is to the patient to have these outward signs stopped in this way, what a tremendous shock it is to the economy, and how it is that psora is pushed on and made worse, made more complex from year to year, from generation to generation, until it is the fundamental disease of the human economy, and the basis of all the trouble in man. At the present day, we can really learn more about psora by watching it in its backward progress than by watching it in its onward progress in any particular case. It is the cause of all the chronic manifestations of disease that are not syphilitic

or sycotic. We are able to group together in the mind all those vicious constitutional states (not syphilitic or sycotic) that are called organic disease, as the results of psora. Then the five forms of Bright's disease are not diseases, but the result of psora operating upon the economy and attacking the kidney. The common chronic diseases of the liver are not diseases, but the localization of psora in the liver; the lung diseases and heart diseases and brain diseases are not diseases, because they have one single origin, and from this origin, we follow their progress and thus study them from their beginnings to their ends, from cause to ultimates. Only in this way will we have a clear knowledge of their internal cause and beginnings.

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EXTRACT FROM A LETTER FROM DR. YINGLING.

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EMPORIA, Kansas, Dec. 5, 1898.

*My Dear Doctor:*

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I seldom make local examinations, depending entirely on the indications in general for guidance. In this I *may* be mistaken, and have often been tempted to get a chair and prepare for local examinations, but I don't like to deceive my patients into trusting in local means at the expense of pure principles of practice. So I tell them the examination should be deferred, as all hope is in the internal homœopathic treatment. The *name* of the disease often misleads and blinds the prescriber. It is much better to cure a disease than to give it an accurate name. The name alone (usually) flatters the pride of the doctor, while the cure benefits the patient and gives value for money received. I have often noticed that the greatest sticklers for diagnosis make the most egregious blunders in naming diseases. The simplicity of Homœopathy commends itself to all sincere minds, and vindicates the claims of the followers of Hahnemann in the permanent cures every day accomplished and in comfortable palliation in the incurable.

Very truly,

W. A. YINGLING.

## DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the *Organon*.

## FACIAL PARALYSIS—CAUSTICUM.

FREDERICK WILLIAM PAYNE, M. D., Boston, Mass.

In reading the case of *Chorea Major* reported by Dr. William P. Wesselhoeft, in the *JOURNAL OF HOMŒOPATHICS* wherein *Causticum* proved eminently curative, where the indications for the remedy became so prominently emphasized by the "tremendous paralysis of deglutition and muscles of speech" that ensued, I was reminded of a recent case of *complete facial paralysis* in an adult that was as promptly cured by the same remedy. The history of the case is as follows, viz.: Mrs. E. J. W., aged 35 years, had considered herself in good health till lately, when, on exposure to a *draft*, she suddenly felt a shooting pain in the right ear, followed by much facial neuralgia, pervading the whole right side of the head and face, the pains coming in thrusts and causing her to start and exclaim from the severity of each stab. The pain continued for a week, when she was sent by her medical attendant to a specialist on nervous diseases, who advised her to see an aurist, and she came to me. In addition to what has already been said, she developed a few days previously to her first visit a *great aversion to sweets*, of which she had formerly been fond, *the sweet tasting disagreeably sweet and sickening*; this was followed by a *metallic taste in the mouth and a sweetish taste of all food*. Facial paralysis of the entire *right half* of the face had gradually developed, affecting first the eyelid, so that the eyeball was left largely uncovered and exposed; the right side of the face was losing its tonicity and becoming flattened, while the active muscles

of the left side of the face were drawing the mouth to *their* side, until a complete disability ensued. She had sharp, intermittent pain in the right ear, with a subjective tinnitus, as of a telegraph instrument clicking off the dots and dashes; she had also spells of sudden ringing in the right ear. Was generally sensitive to a jar, and on *walking* the back was *concussed* thereby, *leaving* a sense of painfulness; she had a sense of drawing tension in the neck on *stooping*, and a hard, pressive pain in the forehead. She had *reverberation* of all sounds in the right ear. The right auricle was red and burning, and the preauricular gland indurated and painful to touch. On inspection with the auroscope the right tympanic membrane was found to be deeply congested and its landmarks lost, through the hyperæmia, from the acute inflammation existing in the tympanic cavity. In this case the substance and sheath of the facial nerve, where it runs in the inner wall of the tympanic cavity, had been influenced, through an extension of the existing inflammation of the middle ear, to their tissue, causing thereby a complete paralysis of the motor fibres of the face, and, probably, of all the soft parts beyond the point of exit of the nerve in the temporal bone at the stylo-mastoid foramen. The choice of a remedy in this case, however, seemed to be a certainty, inasmuch as the points were so prominent, and, as Dr. Wesselhoeft has said of his case, "my nose was absolutely rubbed on to *Causticum*." The remedy was prescribed in the 2c. potency, and in four days thereafter she reported the ear symptoms (pain, tinnitus, etc.) much better, and, on examination by ocular inspection, it showed great decrease in the congestion of the tympanic membrane, although the facial paralysis seemed the same. *Caust.* was continued. She reported again in six days thereafter, when the facial paralysis was found greatly improved; she was able to close the eyelids with but little effort, and the advancing tonicity of the muscles of the face were reasserting their balancing power, whereby the mouth was being brought around to the front and had almost assumed its normal position; all tinnitus aurium had disappeared and the drum-head looked entirely normal. *Sacc. lact.* was given. A week later she again reported, when the face and muscular ability seemed absolutely restored. I prescribed glasses



for a refractive error, which had no relation to her facial paralysis, and she has remained perfectly well ever since.

Under the proving of *Causticum* are the following symptoms, viz.:

Agg. from a *draft* of air.

Agg. *right* ear.

Agg. the *middle* ear.

Agg. *right side* of head and face.

Agg. from *sweets*.

Agg. from a jar (*concussion*).

Agg. on *stooping*.

*Red* auricle, with *burning*

Sharp, neuralgic pains in *thrushes* (*stitches*), worse *right* side.

*Facial paralysis*, especially of *right* side.

*Tinnitus aurium*, like *tinkling*, *ringing*, *chirping*.

Hard *pressing* pain in *forehead*.

*Drawing tension* in neck, agg. on *stooping*.

*Reverberation* of all sounds in the ears.

Diseases of *middle ear*, especially *non-suppurative*, when facial branch of the seventh nerve is involved.

Great aversion to sweet things.

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## THE SINGLE REMEDY IN MENTAL AND NERVOUS CASES.

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JUSTUS H. COOLEY, M. D., Plainfield, N. J.

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That mental and nervous diseases are rapidly increasing there is no doubt, but the overcrowded condition of the State Institutions is due very largely to faulty and over-medication in the early stages. We all recognize the extreme delicacy of the structure of the brain and the nervous system, and we know full well the profound effects on the healthy brain of Belladonna, Stramonium, Hyoscyamus, Cannabis Indica, to say nothing of Morphine, Codeine, Sulfonal and the Bromides. How important then that we should exercise extreme care when called to prescribe for a patient, in whom the brain is excited and disturbed in its function,

and its sensitiveness increased many fold. We may quiet him and give the family rest at night, but we have given another blow, and a severe one, that may be more difficult to cure than the original disease. Not infrequently patients are admitted to Brookside who are taking two, three or more powerful drugs in alternation, with another at night, to produce sleep. Surely no more than one remedy could be indicated, and the others must do harm. If not, they certainly interfere with the indicated remedy and retard or destroy its action. When we have a mental or nervous case to treat, too much care cannot be given to the selection of the remedy. Study the symptoms closely, and when the right remedy has been chosen only one will be needed, and the results will not fall far short of the miraculous. A few cases will illustrate this fact.

A lady of forty-five had suffered from several attacks of insanity. She had been taking three remedies in alternation during the day with an additional remedy at night. The case was peculiar in that she would be seized with an irresistible inclination to talk, which came on at noon and continued two hours, and again at midnight for the same length of time. Stramonium was selected from among the remedies she was taking and it cured her in a few days. This was six years ago and she has had no return.

A clergyman, aged forty-five, had been under old school treatment, and was thought by his physician to have paresis. He had taken \$34 worth of drugs in the past three months. He could not sleep even under narcotics; was emaciated and so weak that he could scarcely speak and could walk about the house with great difficulty. The tongue was heavily coated, appetite gone. He suffered from pains running up the back and into the head, was utterly depressed and helpless. The reflexes were exaggerated. He was extremely nervous and all his troubles were aggravated by noise. Nux vomica made a new man of him in eight weeks.

A man, age sixty, had melancholia sixteen years previously and was in the Middletown Asylum several months. Recently he was attacked with acute bronchitis. When the bronchitis abated the melancholia returned accompanied with an irresistible

impulse to suicide. Respiration was rather labored with large mucous rales. A paroxysm of coughing was followed by a paroxysm of suicide mania. Three powders of Hepar sulphur cured the whole case in two weeks.

A woman, age fifty-two, had suffered from epilepsy for twenty-five years. Had recently been under an old school specialist, hoping to be cured. While under his treatment she lost her mind entirely and became much emaciated. When she reached Brookside she was semi-conscious, talking constantly but incoherently. Face very red, eyes partly closed, pulse 110, almost imperceptible, feet cold, hands numb and tremulous, with frequent jerking of hands and arm reflexes lost. Kali brom. in water, teaspoonful every two hours, restored her mind completely in ten days, though the epilepsy continued. I learned afterward that the specialist had given Bromide of Potassium and Bromide of Sodium in combination.

A woman, age forty-two, had been failing for a year. Black specks floating before her eyes for two years. Finally financial troubles affected her mind to such an extent the family physician sent her to Brookside. She was obstinate and fault-finding. Was sure she must go to the poor-house, that her life was wrecked and she would never amount to anything again. A few powders of Aurum met. cured the case in two weeks, the black specks also disappearing, and she returned home in six weeks.

A woman, age seventy-two, had been troubled with sleeplessness for a number of years and had taken Codeine tablets every night. She had suffered with hepatitis for many months and finally her mind gave way. She slept little and talked constantly day and night, when awake, about hell and the bottomless pit. Was most wretched, complaining and moaning constantly that she did not want to go to hell, but God told her she must. She had many delusions about herself and her family. She was scarcely more than a skeleton and could sit up only ten minutes at a time without complete exhaustion. She had no teeth, and as she did not care for soups feeding was a difficult problem. Under Stramonium she has gradually gained in flesh and strength, and her mind is completely restored. She is now able to sit up the greater part of the day, walk out and takes drives of an hour. Duration of treatment nine months.

A woman, age thirty-eight, had been doing work as a missionary in North Carolina nursing the sick. A year ago she had bleeding piles and used ointment which stopped the bleeding, but her health failed and her mind became much confused, could not remember how to perform the simplest household duties. She was afraid she would be arrested and worried constantly about it. Her physician had given her Belladonna the day before being admitted. The bleeding piles returned in a day or two, followed by coldness of arms and shoulders during the night with much perspiration. This was succeeded in a few days by severe chill, fever and sweat every other day with severe pain in the spleen. The chill came two hours earlier each time and was accompanied with thirst. Eupatorium perf. cured the whole case.

A man, age fifty, had been suffering from melancholia for a year. This was a second attack. The family history on both sides was full of insanity. He had suffered from asthma for a number of years, and especially during attacks of hay fever. Arsenicum was found to cover, not only the mental symptoms, but the asthma as well. The latter was soon relieved and the mental condition improved gradually until now he is well and practicing his profession, that of a lawyer.

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### CASES FROM PRACTICE.

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JULIA C. LOOS, M. D., H. M., Philadelphia, Pa.

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1897.

I. Ella E. F—, 2 ¼ yrs.

June 28. Tall, light hair, blue eyes, fair skin, timid, hides face from strangers when feels bad.

Spasms, past year, commenced after began cutting teeth; has all teeth now.

Last one yesterday, before that four months ago; have been about four months apart, < at decline of moon.

Few days before hides her eyes, buries face in her arms; says "cats" as if she saw cats. Cranky, can't please her any way, nothing suits, wants her own way in everything.

Spell lasts twenty minutes to four hours; screams,

stretches herself, "works terribly;" began at feet yesterday; unconscious.

Spell 5 to 6 P. M. Face grows red, turns blue around mouth; twitches about mouth when spell passing off. l. eye drawn.

after, froths at mouth, stupid for the rest of the day, warm sweat all over. (O. S. treatment.)

"Fever" begins about noon; hot to touch all over.

Wants frequent drinks.

Sleep; takes nap 1 to 3:30 P. M.; generally wakens 1 to 2 A. M.; whines, turns over, goes to sleep. May wake frequently until day break then sleeps well.

Bowels. Diarrhoea since spasm yesterday.

Before cries with pain in abdomen.

Stools—dirty, green, slimy, offensive, "like corruption, shreds of mucus, here and there a little lump, like a boil."

Five stools after spasm till midnight, ten since then.

Usually has stool after meals—at times while eating.

Abdomen: Complained of heat.

Appetite usually good, eats anything.

Fond of cabbage, all raw vegetables, milk, salt, warm food, tea, coffee.

Not fond of sweets—dislikes fat.

Face yellow about nose and mouth.

Feet and hands warm.

> out doors.

Destructive.

Colds generally settle on chest, then go to bowels.

*Nux v.* 45 m.

Aug. 17. Not well three or four days.

Fever comes 4 P. M., continues till 4 A. M., < after 9 P. M.

When has fever, mouth gets warm, mother looks for a spasm.

Face, burning red.

Vomiting yesterday curdled milk and water.

Drink of water vomited five minutes after down.

No appetite three or four days past.  
 Thirsty, very little water frequently.  
 Cough, short, hacking, day and night.  
 Bowels—diarrhoea > afternoon—stools yellow, watery.  
 Sleep poor last few days—rolls about bed—better before.  
 Disposition disagreeable; wants constant attention.

*Phos. 2c.*

Aug. 21. Vomiting continually night of 17th, after everything she took; water came up immediately; never uses real cold water.  
 Appetite good since yesterday.  
 Brighter to-day.

Oct. 19. Was much > after last medicine. Pretty well until now.  
 Fever comes on at times past few days. < evening.  
 Sleep poor, restless.  
 Fretful, peevish; hides her face. Mother fears another spasm.

*Phos. 20 m.*

Oct. 21. Sweat profuse night of 19th, no fever since.  
 Better each evening than the one before.  
 Oct. 23. Throat sore to-day, l. tonsil swollen, large and hard externally.  
 Tonsil red; neck stiff.  
 < swallowing solids; takes water slowly and carefully.  
 Saliva runs from mouth when lying, does not swallow it.  
 Tongue heavily coated, thick at base.  
 Feverish, wakeful, restless last night.  
 Skin hot, face flushed, listless, indifferent.  
 Throws covers off.  
 Abdomen—pain yesterday. No stool to-day.  
 Breathing snoring, breath offensive two days.  
 < night.

*Lachesis 4 m.*

Oct. 24. Naps several times to-day. Sweats as soon as asleep.  
 Abdomen pain about navel again.  
 Bowels—stool last evening, four times since midnight.

Stool dark, formed like rubber, sticks to vessel.

Throat—swallows much more easily.

Cough, as if something in throat gagging.

Brighter, talks this afternoon.

Oct. 26. Throat much  $\gt$ , swallows with little difficulty; stiffness nearly gone.

Respiration sounds obstructed in sleep, normal when awake.

Sleeps  $\gt$ .

Dec., '97. Like a different child; happy, lively, good-natured; goes about singing and playing all day.

This little girl had been under old-school treatment since she began to have spasms, and her mother was told she would out-grow the trouble. At her first visit she received Nux vomica to antidote her recent drugging and prepare for what seemed to be her constitutional remedy. As she improved she was not brought again until another spasm threatened, about two months later, and then the spasm did not develop. From the time of her first visit she has had no spasms to the present time and only twice been threatened with them. She has been so much stronger and heartier since her sickness in October that her family think that sickness was a good thing for her. She is happy and bright, as a healthy child should be.

1896.

II. Miss S. S., 42 years.

July 10. Upper lip, last fall, had a lump on it. About a month ago it commenced to get red (after using Hood's Sarsaparilla for one month) and broke out. At present two ulcerated spots below and to r. side of right ala of nose.

Ulcers deep, bright red areola. Hard lump to right side of bridge of nose.

Hot at times, flashes, begin in head and go down; feels  $\gt$  after. Warm sweat after flashes.

Sweats profusely.

Menses once in four months for last year. Previous to that regular every four weeks; flow lasts a week, dark red, odorless, bland, clotted.

Urine dark yellow.

> in cold weather.

*Kali iod. 10 m.*

July 29. Feels > ever since first visit. Thinks lump is smaller.

Aug. 19. Still >.

Menses on 15th. Flow bright red, good quantity, < day time. Abdominal pains at beginning.

Left foot and leg swollen; sore at ankle; past three months; swelling < after being on feet; pain < stepping, > bandaging, > rest.

Sept. 21. Improved; face skin healing. No flushes, swelling of feet; no sweating.

Menses absent this month.

Oct. 7. Nose crusts on tip; inflammation seems to have spread to l. side of nose.

L. foot swollen during day; pains at night.

Flashes >.

*Kali iod. 10 m.*

Oct. 19. L. foot swollen; hard lump over ankle, which aches and causes limping; sensitive to touch; < night; < stepping on it; > hot bathing.

Menses to-day.

Face she thinks is >. Nose swollen less. Base of sores she thinks not so red as before.

Nov. 4. Foot: Swelling less (carbolic cosmoline); pain > covered up. Ankle: Broken out on inner side in ulcer; discharge slimy, offensive; brown stain on linen.

Face >.

Nov. 11. Better.

Bowels: Constipation past three or four week. (Pills.)

Menses overdue.

*Kali iod. 10 m.*

Nov. 30. Leg: Swelling all gone.

1897.

Jan. 11. Face healed over; rough scar left.

Foot healing; ulcer appears punched out. Swells when on feet during day; less swollen mornings; has kept it bandaged.

Jan. 18. Foot getting >. Has taken bandage off.

Menses absent since October.



Feb. 15. Better.

One curious feature about this case was that we never could obtain a history of previous condition. She always insisted there was nothing wrong before the eruption on the face and could give no reason for using Hood's Sarsaparilla. It was the fact that this trouble came only a short time after beginning the use of this preparation, and the knowledge that potassium iodide is a part of the mixture, that led first to the study of this remedy. All the essentials of the case were found in those of *Kali iod.*, and after two weeks the patient declared she felt vastly better generally. Evidently there was some previous trouble to render her susceptible to the influence of the drug in Hood's Sarsaparilla. When she stopped attending the dispensary the ulcers were about healed and she was satisfied with that, so we were unable to follow her history.

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#### A RHUS TOX. PROPHYLACTIC.

HYATTSVILLE, Md., Aug. 12, 1898.

*Dear Dr. Kent:* In one of your lectures in the JOURNAL you make the statement that the reason a person is poisoned with Rhus tox. is that he was in need of that poison, and had it been given in a highly attenuated form he would not become poisoned by coming in contact with it. In my travels through the northern and western part of New York, this summer, I learned from the farmers that as soon as the leaves of this poison ivy come out they pick off two or three of them and chew them, after which they have no fear at all in handling it with the bare hands. I do not know whether you are aware of this or not, therefore the information.

Fraternally yours,

G. HOFFMANN PETERS, M. D.

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#### BOOKS FOR REVIEW.

KEYNOTES AND CHARACTERISTICS, WITH COMPARISONS OF SOME OF THE LEADING REMEDIES OF THE MATERIA MEDICA. By H. C. Allen, M. D. Boericke & Tafel. 1898. Pp. 179. Pocket-size. Price, \$1.25; by mail, \$1.32.

The author is too well known to our readers to require a word of commendation in this notice. The characteristics are well chosen and comparisons well made. Its tone is after the manner of Hahnemann. We cannot have too many books so long as the teaching of the master is solely held up in them.

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PERSONALS.

---

DON'T forget to send that \$2.00 you owe for the current year.

DR. CLYDE EDWIN BARTON has removed to 151 West Coulter street, Germantown, Philadelphia.

DR. FREDERICA E. GLADWIN has removed to 2204 N. 17th street, Philadelphia.

DR. C. SCHUMACHER has removed from 834 Butternut street to 216 Ash street, Syracuse, N. Y.

DR. S. J. HENDERSON of Bad Axe, Mich., is taking a course at the Post-Graduate School of Homœopathics.

DR. HAROLD R. EDWARDS has removed from Philadelphia to West Chester, Pa.

DR. J. H. BOWERS has removed from Owatonna, Minn., to Cresco, Iowa.

DR. W. E. WADDELL, late of Ontario, Cal., after taking courses in New York Eye and Ear Hospital, has located at 430 W. 21st St., Los Angeles, Cal., as a specialist in the eye, ear, nose and throat.

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DR. EDWIN S. MUNSON,  
Corresponding Secretary,  
16 West 45th street, New York.

---

DR. KENT'S REPERTORY. The *eighth* fascicle containing Larynx and Trachea, Respiration and Cough, and the *ninth* fascicle containing Chest and Back, are now ready for delivery. The next part, "Extremities," is now in the hands of the printer.

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## DEPARTMENT OF MATERIA MEDICA.

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### LACHESIS.

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Lecture delivered by PROF. J. T. KENT, at the Post-Graduate School.

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Lachesis is a frequently indicated medicine, and one that you will need to study much in order to know how to use. Lachesis seems to fit pretty nearly the whole human race, for the race is pretty well filled up with snake as to disposition and character and this venom only brings out and causes to appear that which is in man.

We will endeavor in this lecture to give a survey of the *general symptoms*, those which characterize the remedy and of first importance, and the circumstances under which the symptoms appear, are brought out, or are aggravated.

One who is a constitutional Lachesis patient will find himself suffering from an aggravation of his symptoms in the *Spring* of the year, when he is about to go out from the cold weather into the milder weather, and especially is that so if it is mild and rainy, or cloudy weather. Or if he goes from a cold into a warmer climate the symptoms of Lachesis will come out.

The symptoms of Lachesis are worse on entering the state of *sleep*, as he goes into sleep. He may have felt nothing of his symptoms when awake, but when sleep comes on they are aroused, and they gradually increase as the sleep is prolonged, so

that a very long sleep will aggravate all the state and condition of a Lachesis patient, and when awaking from sleep he looks back upon that sleep with sorrow. The sleep has been disturbed by attacks of suffocation and by awful dreams, and now, after having slept a long time, he arouses with dreadful headaches, with palpitation, with melancholy, with sorrows from head to foot. His flesh is full of suffering and his mind sees no brightness in anything. There is a cloudy state, sadness, melancholy, insane notions, whims, jealousy and suspicion. When taking a *warm bath*, or applying warm water to places that are inflamed, his mental symptoms are aggravated. After a warm bath or after getting warmed up, if he becomes chilled from being out on a cold day and then goes into a warm room, a state of sorrow comes over him. After going into a warm bath, palpitation comes on; it seems as if his head would burst, his feet become cold, and he is shocked all over, from head to foot, pulsation all over, or feeble heart. Fainting in a warm bath. Girls sometimes faint when going into a warm bath. Very often you will find in such cases, by examining into the symptoms of the case, that they will stand out as Lachesis.

The general aspect of the patient and the localities will point sometimes to Lachesis. Upon the face there is an appearance of anxiety, of unrest and distress. The face is spotted or *purple* and the eyes are engorged. The eyes look suspiciously. If there is an inflamed spot, it is purple. If there is an inflamed gland, and Lachesis is full of inflammation of the glands and cellular tissues, there is a purple or mottled appearance. If there is an ulceration the ulceration bleeds black blood, which soon coagulates and looks like charred straw. From the wounds there is much bleeding. *Small wounds bleed much like Phosphorus and Kreosote*. A prick of a pin will ooze great drops of blood. Ulcers eat in, have false granulations, are putrid, bleed easily, and the blood is black, and all round about the ulceration there is a purple, mottled appearance, looking as if about to become gangrenous. Often the gangrene does come; gangrene of parts that have been injured. Sloughing with great offensiveness. The parts turn black and slough. The veins become varicosed. These are found upon the limbs, having the appearance of the varicose veins that come after

gestation. The tendency to enlargement of the veins is a state of Lachesis.

From the slightest exertion of the mind or from the slightest emotion the extremities become cold, the heart becomes very feeble, the skin is covered with sweat and the head is hot. Warmth does not seem to relieve the coldness of the feet and hands; they are so cold. They may be wrapped up in flannels and still they remain cold, but the patient has an aversion to heat; aversion to a warm room, because suffocation is brought on. He cannot breathe and wants the windows open. It is a weakness of the heart; sometimes so weak that it can hardly be heard or felt, and the pulse is feeble and intermittent. At times, on the other hand, there is audible palpitation of the heart.

As we go over the symptoms of the text we will notice something singular about the complaints, that is, their tendency to affect the *left side*, or to begin on the left and extend to the right. The paralysis begins by gradually appearing weakness upon the left side, which extends to the right side. It has a strong affinity for the ovaries, and in this you will find that the left ovary is often affected first. So, in inflammation of the ovaries, the left will be affected first, and later the right will become inflamed. The inflammation begins on the left side of the throat and gradually goes to the right. The left side of the head is commonly more affected. The left eye becomes painful and the pain extends to the right. The left side of the back of the head, in the occipital headache, will be more affected than the right. This does not always follow, and if the reverse is true it does not contra-indicate Lach., but such is the common feature of it.

In many symptoms of Lachesis, there is a *morning aggravation*. This is the well-known Lachesis "aggravation after sleep;" the patient will sleep into the aggravation. In the milder symptoms this aggravation is mild and is not felt until after the patient wakes up from a long sleep, but if the aggravation is one that is of considerable violence, the patient may feel it immediately on going to sleep, and it arouses him; for instance, the heart symptoms. As soon as he goes into a sleep he rouses up with palpitation, with dyspnoea, with suffocation, with exhaustion, with vertigo, with pain in the back of the head, and many other circulatory disturbances.

The next most important thing to be studied, probably, is the *mental state*. Nothing stands out more boldly than the self-consciousness, the self-conceit, the envy, the hatred, the revenge and the cruelty of the man. These things, of course, are matters of self-consciousness, an improper love of self. Confusion of the mind to insanity. All sorts of impulsive insanity. The mind is tired. The patient puts on an appearance like the maudling of a drunkard, talks with thick lips and thick tongue, blunders and stumbles, only partly finishing words; the face is purple and the head is hot. The neck is full of choking and the collar is uneasy about the neck, and the more uneasiness about the neck, and the more choking, the more confusion of mind and the more appearance of intoxication. You talk with a Lachesis patient, one who has been taking too much Lachesis, who has had it repeated too often, and you will see he is in this state of intoxication, face purple, lips thick and clumsy; it is indescribable. You will see if you talk with one who is about two-thirds intoxicated with whisky, he stumbles through, hardly realizing what he says, half finishing his sentences and his words, leaving his "g's" off all the present participles; he stumbles and blunders, he mutters, and tells you first one thing and then another. You will see the same thing in Lachesis. These symptoms are increased under the circumstances which we have mentioned, in the spring; in the warm weather following a cold spell; in rainy weather; after a warm bath; after sleep. The mental state is large. It comes on and piles up, but with an increase of confusion. Jealousy then stands out without any reason. Unwarranted jealousy and suspicion. Many times this medicine has cured *suspicion* in girls, when they were simply suspicious of their girl friends. She never sees a whispered conversation going on but thinks they are talking about her, to her detriment. Suspects that they are conniving, contriving to injure her, and she will resort to any scheme to see if they were not talking of her to her detriment. A woman imagines that her friends, and husband, and children, and everybody are trying to damage her; that her friends are going to put her in an insane asylum. Apprehension of the future. Thinks she is going to have heart disease, and is going insane, and that people are contriving to put her in an insane asylum. She thinks some-



times that it is only a dream and she can hardly say whether she dreamed it or whether she thinks it. She thinks she is dead, or dreams that she is dead, and in the dream preparations are being made to lay her out, or that she is about to die.

"Thinks she is somebody else, and in the hands of a stronger power." She thinks she is *under superhuman control*. She is compelled to do things by spirits. She hears a command, partly in her dream, that she must carry out. Sometimes it takes the form of voices in which she is commanded to steal, to murder, or to confess things she never did, and she has no peace of mind until she makes a confession of something she has never done. The torture is something violent until she goes and confesses that which she has not done. Imagines she is pursued justly or unjustly. Imagines that she has stolen something, or that somebody thinks she has stolen something, and fears the law. She hears voices and warnings, and in the night she dreams about it. The state of torture is something dreadful, and it then goes into a delirium with muttering. The delirium is carried on like one muttering when drunk and the words are blubbered out. This state increases until unconsciousness comes on and the patient enters into a coma from which he cannot be aroused. The patient also goes through periods of violence and violent delirium.

It is full of *religious insanity*. You will find a dear, sweet old lady, who has always lived what would be called an upright and pious life, yet she is not able to apply the promises that are in the Word of God to herself; these things seem to apply to somebody else, but not to her. She is full of wickedness and has committed the unpardonable sin. She is compelled to say these things; she is overwhelmed by these things and she is going to die and going to that awful hell that she reads about. The physician must listen to this with attention. The physician might make the mistake in this instance of making light of such feelings. If he does, that patient will not return, and he will be deprived of the chance of benefiting that patient. No matter what her whims are, no matter what your individual religious opinions are, no matter what her religious opinions are, her state of mind must be treated with respect. It must be treated as if it were so.

She must have, to a certain extent, sympathy and kindness. It is an unfortunate thing for a doctor to get a reputation of being an ungodly man, among pious people, as he will be deprived of doing these people an immense amount of good. He must be candid with all the whims and notions of the people that he visits in the world. He must be everybody's friend, and he can be such without any hypocrisy if he is simply an upright and just man.

This state of religious melancholy, with religious insanity, is not uncommonly attended with much *loquacity*, with talkativeness, which Lachesis is full of. It is commonly among women, very seldom among men, that we find this religious melancholy. Now, this woman is impelled to tell it; she will annoy her intimate friends, day and night, with this story of the damnation of her soul and her wickedness and all the awful things she has done. If you ask her what things she has committed she will say everything, but you cannot pin her down to the fact that she has killed anybody. If you allow her to go through with her story she will tell you all the crimes in the calendar that she has committed, although she has been a well-behaved and well-disposed woman. There is another kind of loquacity belonging to Lachesis. The patient is compelled to talk and talk constantly. It is found in another state in which the patient is compelled to hurry in everything she does, and wants everybody else to hurry. With that state of hurry is brought out the loquacity, and this is something far beyond comprehension until you have once heard it. There is no use attempting to describe it, it is so rapid, changing from one subject to another. Sentences are sometimes only half finished; she takes it for granted that you understand the balance and she will hurry on. Day and night she is wide awake, and with such sensitiveness to her surroundings that you would naturally think from what things she hears and how she is disturbed by noise that she can hear the flies walk upon the walls and possibly the clock striking upon the distant steeple. You do not get all these things in the text, you have to see them applied. But the things I give you that are brought out clinically are those things that have come from applying the symptoms of the remedy at the bedside to sick folks. "Most extraordinary loquacity,

making speeches in very select phrases, but jumping off to most heterogeneous subjects." "One word often leads into the midst of another story." These states may come on in acute diseases like typhoid, when it will take the usual typhoid delirium, or they may come on in conditions like diphtheria, or in any of the diseases that are characterized by blood poisoning; they may come on in the puerperal state, or may take the form of insanity. It is a long acting remedy, and if it has been abused its effects will last a lifetime. I have before my eyes, as a practitioner, half a dozen cases that have been poisoned by Lachesis.

In many cases a close connection between the mental symptoms and the heart symptoms will be noticed, especially in young women and girls who have met with disappointment, who have been lying awake at nights because of disturbance of the affections, or from disappointment, or from shattered hopes, or from grief. Prolonged melancholy, all sorts of mental depression, hysterical symptoms, weeping, mental prostration, hopelessness and despair, with pain in the heart, with a gone sensation or sensation of weakness in the heart, with difficult breathing. She meditates upon suicide, and finally settles back into an apathetic state, in which there is an aversion to everything, to work, and even to thinking.

*Head.* I might impress upon your mind the head symptoms if I related the case of a patient who described her symptoms probably more typically than you can find in the books. She was sitting up in bed and unable to lie down; she was worse from lying down, her face was purple, her eyes were engorged, the face puffed and tumid and the eyelids bloated. She sat there perfectly quiet in bed and described the pain as a surging sensation, which came up the back of the neck and head and then over the head. "A surging of blood comes this way," she said, describing the pain. That is a typical feature of Lachesis. A surging in waves. *Waves of pain* that are not always synchronous with the pulse. They may not relate to the flow of blood at all. The surging is aggravated by motion, not so much in the act of motion, but after moving. It is sometimes felt after walking or changing to another place, and sitting down again; that is, a few seconds after the motion is completed the pain begins, and it comes to its height in-

stantly and then gradually subsides into a very steady surging or a more steady ache. In the head there is a continuous steady ache, which may be aggravated or aroused into a surging which is so violent that it seems as if it would take the life of the patient. Now, that patient in bed seemed to be a typical Lachesis presentation, and to show you how quickly Lachesis acted the husband said that he would give \$100 to know what medicine it was that relieved his wife.

The headaches begin in the morning on waking. The milder Lachesis headaches begin in the morning on awaking and wear off after moving about a while. With the headaches and complaints in general there is a momentary vanishing of thought; all sorts of vertigo. Vertigo with nausea and vertigo with vomiting. The vertigo inclines the patient to turn to the left.

Lachesis has *bursting* pains in the head; congestive pains with a feeling as if all the blood in the body must be in the head, because the extremities are so cold and the head pulsates and hammers. This pulsating headache is part of a *general pulsation* from head to foot. In all arteries and inflamed parts, there is pulsation. The inflamed ovary pulsates, and it feels at times as if a little hammer were hammering upon the inflamed part with every pulsation of the artery. Lachesis has a number of times cured fistula in ano when associated with this feeling as if a hammer continually hammered the little fistulous pipe. It has cured fissure of long standing when it felt as if the inflamed part were being hammered. A little hammer is felt working away at it with every pulsation. Hæmorrhoids have been cured when this sensation of hammering was present. So that we see this pulsation in the head is not a special symptom, but is a general symptom, but brought out in relation to the head.

Some symptoms are valuable because of the frequency of their association, and when such is the case their concomitant relation becomes important. The cardiac symptoms are frequently connected with the headache symptoms in Lachesis. It is seldom that you will see Lachesis headaches without cardiac difficulty. A weak pulse, or the pulsation felt all over the body, are more or less associated with violent Lachesis headaches.

In the text we find *weight* and *pressure* as a strong feature of

the Lachesis head symptoms. With almost any complaint of the body, with typhoids, at the menstrual period, during the congestive chill, it seems that the body becomes cold, the extremities become cold, the knees are cold, the feet are as cold as ice, and it is impossible to keep them warm, while the face is purple and mottled, the eyes are protruding and engorged, and this awful pain in the head, with a tendency to become unconscious, incoherent speech, difficulty of articulation, and finally actual unconsciousness.

In relation to the head symptoms and mind symptoms and the sensorium in general, the *oversensitiveness* that is found in Lachesis ought to be mentioned. His symptoms become very intense. The vision becomes very intense; the hearing becomes intense; the sense of touch especially is overwrought. The touch of the clothing becomes very painful, while hard pressure may be agreeable. The scalp becomes so sensitive to the touch of the hand, or touch of the clothing, that it is painful, while the pressure from having the head bandaged is agreeable. Oversensitive to noise, oversensitive to motion in the room, to conversation and to others walking over the floor. By these things the pains are increased. The patient becomes extremely sensitive throughout all the senses of the body. The *oversensitiveness to touch* is probably extensively in the skin, because of the fact that hard pressure often gives relief. In one who is suffering from peritonitis, from inflammation of the ovaries or uterus, or any of the abdominal viscera, the skin is so sensitive to the clothing that contrivances are sometimes necessary to relieve the suffering from the touch of the bed clothing. Something in the form of a hoop will be found in the bed, or the patient will have the knees drawn up, or with the hands will hold the clothing from touching the body. The ordinary weight of the hand may bring out the soreness that is in the abdomen, which is an entirely different soreness, whereas the clothing touching the abdomen only brings out the oversensitiveness of the skin. The mere touch of the skin with the finger or the hand is unbearable.

There are all sorts of inflammatory and congestive conditions of the *eyes*. The eye symptoms are worse after sleep, and the eyes are oversensitive to touch and to light. With the eye symptoms

we may have any of the headaches, because the brain and eyes are so closely associated. In the sore throats, when the spatula or tongue depressor happens to touch the wall of the throat, the tonsil, or the root of the tongue, there is a feeling as if the eyes would be pressed out. Violent pain in the eyes from touching the throat. Lachesis is a great jaundice medicine, because it produces much disturbance in the liver. Yellowness of the skin and whites of the eyes, and thickening of tissues about the eyes. "Fistula lachrymalis," which is accompanied by long standing eruptions about the face.

Oversensitiveness of the meatus auditorus externus. Anything introduced into the canal of the *ear* will cause violent, spasmodic coughing and tickling in the throat. So sensitive is the mucous membrane of the ear that a violent cough, like whooping cough, will come on from touching the mucous membrane of the ear. This only shows the oversensitiveness of reflexes, and the oversensitiveness in general. With the hearing there is the same oversensitiveness that we have spoken of elsewhere. All sorts of disturbance in the middle ear. The eustachian tube becomes closed with a catarrhal thickening, stricture of the eustachian tube.

The catarrhal symptoms of the *nose* are prominent. Frequent bleeding of the nose and bloody, watery discharge from the nose. Always taking cold in the nose. Stuffing up of the nose, with disturbance of smell. Oversensitiveness to smell, and oversensitiveness to odors, finally loss of smell. Lachesis has inflammatory conditions, very chronic in character, with crusty formations in the nose, sneezing, watery discharges from the nose and catarrhal headaches. Sometimes the headaches go off when the catarrhal discharge comes, and when the catarrhal discharge stops the headache comes on. Violent headache with discharge, with sneezing and coryza. Congestive headaches with coryza. This catarrhal condition has led to the use of Lachesis in syphilis. It is sufficiently similar to cope with the severe forms of nasal syphilis; syphilis where it has affected the nasal mucous membrane, producing crusts and finally affecting the bones. Fœtid ozœna; very offensive discharges from the nose. Bleeding from the nose need not surprise you, because Lachesis is a hæmorrhagic remedy. The blood from the nose or

any part, when it dries or clots, looks like charred straw or becomes black. Parts bleed easily. Copious and prolonged uterine hemorrhage, copious and prolonged menstruation, bleeding from the nose, vomiting of blood, hæmorrhage from the bowels in typhoids. So bleeding from the nose need not surprise you; it is an actual part of Lachesis. "Great sensitiveness of the nostrils and lips, swelling of the lips, great swelling and tumefaction of the nose in old cases of syphilis." The nose swells up and becomes purple. The nasal bones are very sore, soreness upon the sides of the nose. Lachesis is an especially useful medicine in old drunkards who have red nose, and in heart affections with red nose. A red knob on the end of the nose, a strawberry nose. You see these things in old drunkards, in old debauchees.

The purple *face* is a strong indication for the remedy. The face is purple and mottled, the eyelids are tumid, very much puffed; not bloated as in œdematous subjects, but puffed. There is not the pitting upon pressure that we find in œdema, although Lachesis has that, but there is a puffiness peculiar to Lachesis, the face looks swollen and inflamed, due to a venous stasis, so that the face is purple and mottled. The nose is tumid, yet it will not remain pitted upon pressure. The lips feel as if inflamed, yet are not inflamed, simply sensitive to pressure. The face has also an œdematous appearance in which there is pitting upon pressure, in cardiac affections, in old cases of Bright's disease. On the other hand the face becomes very pale, pale and cold; the skin covered with scaly eruptions. Eruptions that bleed easily, with crusty eruptions, with vesicular eruptions. Eruptions that fill with blood, bloody vesicles and large blood blisters, such as occur sometimes in burnus, with burning. The face becomes jaundiced and very sallow. At times it takes on the appearance also of a chlorosis. If you have once seen the chlorotic color, it need not be described. It can better be seen than described. It is a condition of anæmia, with yellowish pallor, ash colored or grey, intermingled with a sort of greenish color, so that the ancients often referred to it as green sickness. Again the face becomes livid and puffed like the bloated aspect of old drunkards, the mottled purple appearance of old drunkards who have been drink-

ing for years, until they are bloated and broken down and have a besotted aspect. You see that in Lachesis.

In Lachesis we have a remedy for erysipelas and gangrenous affections, and round about the affected part there is the Lachesis appearance, that is the mottled, purplish appearance. Lachesis has become clinically a marked remedy for erysipelas and for gangrene. As provers do not follow up remedies until they produce these things, we have to gather them from the poisonous effects and clinical observation.

In Lachesis there is a good deal of oozing of blood around the *teeth*, the *gums* bleed easily. Dry crusts appear upon the teeth in zymotic diseases, often black formations, sordes, and the tongue takes part in the appearance of the mouth and becomes slick. This occurs in typhoid conditions when there is a total loss of assimilation, the appetite is entirely gone, the stomach will not take food and when food is put into the stomach it is rejected. There is also paresis of the tongue. The tongue seems to be like a piece of leather in the mouth, it is moved with great difficulty. And the speech is like that of one half intoxicated, maudlin; he is unable to articulate. The tongue swells and is protruded very slowly. It is dry and catches on the teeth and seems to have lost its stiffness. Seems to be like a rag, or as if the muscles did not act upon it so that it cannot be protruded, or if it is protruded it trembles and quivers and jerks and catches on the teeth. Again it is swollen, it is denuded of its papillæ, and smooth, shiny and glassy as if varnished. In the mouth there is a soapy appearance of the saliva. The saliva runs into the mouth copiously and the patient will often lie with the head over the side of the bed, and the saliva dripping into a pan or commode. The saliva is stringy like soap suds and can be pulled out of the mouth in strings; white mucus or saliva. This is not an uncommon feature in diphtheria, in sore throat, in inflammation of the tongue and mouth and gums, and in inflammation of the salivary glands. When this mucus is thick, tough, yellow, stringy and ropy it is like *Kali bichromicum*. You will often find in severe sore throat that the patient will lie and gag, and cough, and attempt with difficulty to protrude the tongue to expel the saliva from the mouth. Very often the pain is so severe in the root of the tongue that he cannot



expel the saliva by the tongue and he will lie with the open mouth over a commode, or with a cloth over the pillow, to receive the thick, ropy saliva. In such a state with sore throats, especially those that commence on the left side and go to the right, you hardly need to question longer, for it is the aspect of Lachesis. This state of affairs would lead to Lachesis in ordinary inflammatory conditions of the tongue and in cancerous affections of the tongue. Lach. has in its nature the tendency to formation of malignant scabs and malignant ulcers, such as we find in epithelioma. It has cured a number of cases of epithelioma. It has been a very useful remedy in lupus. It is an important remedy in syphilitic sore throat, in syphilitic ulceration of the throat, tongue and roof of the mouth with this copious, stringy saliva.

The muscles of the pharynx become paralyzed and will not act, and hence the food will collect in the pharynx, that is, the bolus to be swallowed goes to the pharynx and stops, and then a tremendous effort at swallowing, with gagging and coughing and spasmodic action of the chest, takes place in order to carry on respiration, and he will not again attempt it. This state often occurs with diphtheria. I have a number of times seen it brought about by the physician, who has, instead of giving just enough Lachesis, high enough and similar enough to the disease to cure, given it as low as he can get it, the 8th or 10th, dissolved it in water and fed it all through the diphtheritic state. When you come across cases that have been treated in this way you need not be surprised if a post-diphtheritic paralysis comes on, because Lachesis will many times produce it. It may cure the diphtheria, but it will leave its poisonous effects which will last that patient for a lifetime. Every spring the symptoms of Lachesis will crop out. In all the circumstances of aggravation I have described the symptoms of Lachesis will crop out if he has once been poisoned by Lach.

In the sore throat we have a combination of symptoms. Lachesis has produced this state, going from left to right; but with the sore throat there is a sensation of fulness in the neck and throat, more or less difficult breathing, more or less pallor or plethoric appearance of the face, choking when going into sleep, the peculiar kind of saliva and aggravation of the throat symptoms from warm drinks. There is not always an aggravation of

the pain itself from warm drinks, but the patient is often unable to swallow warm fluids. The swallowing of warm fluids often causes choking, and after a swallow of warm tea is taken the patient will clutch at the throat and it seems as if he would suffocate. He says, "Oh! do not give me any more warm drinks." Something cold will relieve that. The dyspnoea and the distress about the throat is increased by swallowing something warm. Now, in the sore throats of *Lycopodium*, warmth often benefits, but it is also true in some cases of *Lycopodium* sore throat, they sometimes want cold drinks and cold feels good to the throat.

Very often in the more acute symptoms of Lachesis a warm drink in the stomach is hurtful and causes nausea and suffocation and increases the choking and palpitation and the fulness in the head, whereas in the old chronic cases of Lachesis, those that have been poisoned years before, there will be a sensation of nausea and tendency to vomit from taking a drink of cold water and then lying down. The nausea comes on after lying down, that is, let the patient take a drink of ice cold water and go to bed and nausea will come on. Such a state is peculiar to Lachesis, though you will not find it in the books. It has been a later observation of those who have long before proved Lachesis. The symptoms of Lachesis have sometimes to be taken years after.

Lachesis has ulcers of all sorts in the throat. It has aphthous patches, it has red ulceration, it has grey ulceration, it has deep ulceration, it has spreading ulceration. The tendency to ulceration upon the margins of mucous membranes is peculiar to Lachesis. Also ulceration upon the skin, where the circulation is feeble. It seems that the pain in the throat is particularly marked between the acts of swallowing, and the pressure of the bolus going over the inflamed tonsils relieves the pain. Always choking when swallowing, choking and gagging in the throat. The cough is a choking cough and produces a sensation of tickling. This is like the *Bell.* cough. *Bell.* antidotes a Lach. cough, it has a cough so much like Lach. that no one can tell them apart. Again the throat takes on extreme dryness in Lach., and this dryness is without thirst, dryness with aversion to water. Much inclination to swallow; the tendency is to continuously swallow, yet it is so painful. Empty swallowing is more painful than the

swallowing of solids. Some Lach. patients suffering from cardiac affections are annoyed with constriction of the throat, choking in the throat when anything warm is swallowed, and sometimes when going into a warm room, choking and palpitation of the heart. Tendency to chronic sore throat or recurrent sore throat and ulceration with every recurring sore throat. Liquids, of course, you will see, are analogous to empty swallowing, and empty swallowing causes more pain than the bolus which presses upon the sore throat, because it is of the nature of a slight touch. The slight touch increases the soreness and pain in the throat. Slight pressure of the collar increases the pain in the throat. With the sore throat the muscles and glands about the neck become painful, inflamed and swollen, and very tender to the touch. With the sore throat, very commonly, there is a tremendous pain in the base of the brain or in the back of the head, and soreness of the muscles of the back of the neck, which is often relieved only by lying on the back and aggravated by lying on either side. If you look into the throat it has a mottled, purplish appearance. Now, put all these things together, with the copious flow of tenacious saliva, and you will be able to manage cases of diphtheria that commence on the left side and spread to the right, whether the membrane is scanty or copious. Tonsilitis with suppuration of the tonsils, when the left tonsil becomes inflamed and after a dry or two the right one becomes inflamed and swollen, and they both finally go on to suppuration, or when one swells and suppurates and the other swells and suppurates. All sorts of diphtheritic or exudative appearances of the throat, spreading from left to right. It will be useful for all those badly treated cases of violent sore throat or diphtheria, where a paralytic affection comes after Lach. has been abused. In this condition do not forget Causticum. The pharynx is full of thick, white, ropy mucus in the morning; must hawk out a mouthful of mucus in the morning.

The whole abdomen is distended with flatus. The abdomen is tympanitic in typhoid condition, much rumbling in the distended abdomen. The clothing cannot be tolerated, not even the slightest touch of the clothing, and yet it may require hard pressure to bring out soreness that is deep in the abdomen. This state is and uterus the patient lies on the back with the clothing lifted from the abdomen. Violent, labor-like pains, menstrual colic,

present in typhoid, in puerperal fever, in malignant scarlet fever, in the more malignant affections or zymotic forms of the continued fever.

Lach. has a series of liver troubles with jaundice; congestion of the liver, inflammation of the liver, enlarged liver and the nutmeg liver. Cutting like a knife in the region of the liver. Vomiting of bile; vomiting of everything taken into the stomach. Extreme nausea; continuous nausea with jaundice. White stool. It has cured cases with gall stone. "Cannot endure any pressure about the hypochondria." In the chronic state the sensitiveness of the skin is so great over the abdomen, and about the waist and hips, that the wearing of the clothing creates pain, great restlessness and uneasiness, the patient grows increasingly nervous and finally goes into hysterics. Sensitiveness over the lower abdomen; can scarcely allow her clothes to touch her.

In passing over several important regions we will call attention only to the very troublesome hemorrhoids and fissures in the rectum with pulsations like hammers, also to the violent sexual excitement in both the male and female genitalia.

It seems strange at first reading that Lachesis can be such a common remedy at the *menstrual period*; it is laid down in the books for the catamenia without any symptoms. It is also laid down as a remedy for the *climacteric period*. Now if you will study the cases of many women at the climacteric period you will find that a great many of them have the flushes of heat and the surgings in the head and the great circulatory disturbances that are found under Lachesis. This is also true of the complaints, the headaches, etc., that come in women at the climacteric period and at the menstrual period. The Lachesis symptoms are strong in women during menstruation. There is violent headache, boring pain in the vertex, nausea and vomiting during the menses.

The discharges in the female, either as a menstrual flow or as a hemorrhage, are black blood. Pain in the left ovarian region, or going from left to right. Induration of one or both ovaries. It has cured ovarian tumors. It has cured suppuration of the ovaries. The uterine region is very sensitive to touch, to the slightest contact of the clothing; in inflammation of the ovaries pains in the ovaries and uterus going from left to right. Pains

in the pelvis going upwards to the chest, sometimes shooting pains, sometimes a surging of pain going upwards, grasping the throat. Labor pains surge up with clutching at the throat, or the labor pains cease suddenly with clutching at the throat. The menstrual pains increase violently until relieved by the flow. The menstrual sufferings are before and after the flow, with amelioration during the flow. The menstrual flow intermits one day and then goes on for one day, and during the intermission there is likely to be pain or headache. Menorrhagia with chills at night and flushes of heat in the daytime. During the menstrual period violent headache, especially at such times as the flow slackens up. It is a general feature of Lachesis to be relieved by discharges. Catamenia flow but one hour every day; on stopping, violent pains follow in region of left ovary, alternating with gagging and vomituration.

It is especially useful at the menopause, because of the flushes of heat. Uterine hemorrhage, fainting spells, suffocation in a warm room; orgasm of blood most violent: Complaints during pregnancy. Inflammation of the veins of the leg. Varicose veins, blue or purple, extreme sensitiveness along the veins; sensitive to the slightest touch, though relieved by pressure.

This study of Lachesis is only a commentary on some of its important parts.

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### CAPRICES.

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HARVEY FARRINGTON, M. D., Philadelphia, Pa.

Child asks for things with impetuosity, crying: *Rheum.*

Child asks for things but can't eat them: *Rheum.*

Wants food but when obtained does not want it: *Phos.*

Wants things which cannot be had, or not wanted when offered: *Bry.*

Hungry, yet does not enjoy food, everything tastes so bitter: *Puls.*

Wants things and pushes them away when offered: *Staph., Cham.*

Wants nothing at all: *Cham.*

Wakes in a "wanting mood:" *Cina.*

## DEPARTMENT OF HOMŒOPATHICS.

## LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT, at the Post-Graduate School.\*

## LECTURE XIX.

CHRONIC DISEASES—PSORA. (*Continued.*)

In the work on "Chronic Diseases" Hahnemann refers to psora as the oldest, most universal and most pernicious chronic miasmatic disease, yet it has been misapprehended more than any other. "Psora is the oldest miasmatic chronic disease known. The oldest history of the oldest nation does not reach its origin. Psora is just as tedious as syphilis and sycosis, and is, moreover, hydra-headed. Unless it is thoroughly cured, it lasts until the last breath of the longest life. Not even the most robust constitution, by its own unaided efforts, is able to annihilate and extinguish psora."

The three chronic miasms, psora, syphilis and sycosis, are all contagious. In each instance there is something prior to the manifestations which we call disease. We speak of the different groupings of appearances as psora. We speak of the signs and symptoms of a disease, we speak of the outcroppings of the symptoms when we speak of syphilis, but remember there is a state prior to syphilis or syphilis could not exist. It could not come upon man except for a condition suitable to its development. In like manner psora could not exist except for a condition in mankind suitable for its development. Psora being the first and the other two coming later, it is perfectly proper for us to inquire into that state of the human race that would be suitable for the development of psora. There must have been a state of the human race suitable to the development of psora; it could not

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\* Stepographically reported by Dr. S. Mary Ives.

have come upon a perfectly healthy race, and it would not exist in a perfectly healthy race. There must have been some sickness prior to this state, which we recognize as the chronic miasm psora; some state of disorder, some state that it would be perfectly rational and proper for man to undertake to solve as to its cause, as to its history, and as to its very nature. Some will say, but if we undertake to do this we will have to accept the Word of God as historical, as relating to the beginning, because there is no other history going so far back. There is no harm in reasoning from that, and I hope you will so accept it, not only as history, but as divine revelation, not that I wish to quote from or refer to it, because I never do so in my teaching. If we look upon syphilis we will see that man's own act leads him to the place where he comes in contact with syphilis; it is the result of action. Syphilis is that disease which corresponds to the effect of impure coition, of going where syphilis is, of coming in contact with those that have it. It is an action; it is not so with psora. Man does not seek it, he does not go where it is, he does not associate with those necessarily that have it. He may be exposed, but syphilis is the result of his own action, which is an impure fornication or adulteration which he knows better than to seek, and knows enough from his intelligence to avoid. Syphilis, then, is a result of action, although after once ultimated it may be perpetuated by accident. There is always a state and condition of man that precedes his action, and if syphilis corresponds to man's action, and there is a state prior to it, a diseased condition that precedes, that state must correspond to that which precedes action, which is thinking and willing. Thinking and willing establishes a state in man that identifies the condition he is in. As long as man continued to think that which was true and hold that which was good to the neighbor, that which was uprightness and justice, so long man remained upon the earth free from the susceptibility to disease, because that was the state in which he was created. So long as he remained in that state and preserved his integrity he was not susceptible to disease and he gave forth no aura that could cause contagion; but when man began to will the things that were the outcome of his false thinking then he entered a state which was the perfect correspondence of his interior. As

are the will and the understanding, so will be the external of man. As the life of man or as the will of man, so is the body of man, and as the two make one in this world, there is evolved from him an aura which is vicious in proportion to his departure from virtue and justice into evils. And long before the time of Noah's flood, which was an inundation that destroyed the evil ones that were upon the earth at that time, there was a manifestation, called leprosy, which was but the result of the dreadful profanity that took place in this period. A great many people suffered then from that violent aura of leprosy, whereas the natural disorder of the human race to-day is a milder form of psora upon a different race of people. If we had the same race upon the earth to-day we would have leprosy among them, as we now have the milder form of psora. The ancients referred to leprosy as an internal itch.

Hence this state, the state of the human mind and the state of the human body, is a state of susceptibility to disease from willing evils, from thinking that which is false and making life one continuous heredity of false things, and so this form of disease, Psora, is but an outward manifestation of that which is prior in man. It was not due to actions of the body as we find syphilis and sycosis to be, but due to an influx from a state, which progressed and established itself upon the earth, until we can see it as but the outward manifestations of man's very nature. The human race to-day walking the face of the earth is but little better than a moral leper. Such is the state of the human mind at the present day; to put it in another way, everyone is psoric. We know what leprosy means, and to say that the whole world is in a state of psora is no broader or narrower than to say that leprosy prevails to-day upon the face of the earth, but it prevails in a milder form, in the form of Psora. A new contagion comes with every child. As Psora piles up generation after generation, century after century, the susceptibility to it increases. This is true of every miasm and true of all drugs. We find in the drugged word that those who have been mercurialized become more susceptible to Mercury and are more easily poisoned by it. Those poisoned with Rhus are so sensitive to it that they cannot go within a whiff of it; those that have been poisoned in their earliest beginning with Psora



become more sensitive to it, so that in childhood the slightest whiff of it from their school friends will bring on a crop of vesicles between the fingers attended with the *acarus*. Of course, some persons will say that the *acarus* is prior to the eruption, but they don't know that a healthy person will not be affected by the *acarus*. The miasm is simply evolved out of a state and the *acarus* is in turn its ultimate. It is the state that is prior, the itch-bug is not prior. The human race becomes increasingly sensitive generation after generation to this internal state, and this internal state is the underlying cause which predisposes man to syphilis. If he had not psora, he could not take syphilis; there would be no ground in his economy upon which it could thrive and develop. The will and the understanding are prior to man's action. The man does not do until he wills; he wills what he carries out. If man did what he did not will, he would be only an automaton. He wills to go to a house of prostitution, or seeks for a prostitute with whom to copulate, and from her he takes the syphilitic miasm. This action of his will and this disease corresponds to the man. There is a state in which he thinks it only, in which he wills, but in which he has not yet arrived at the state in which he can act. First there was the thinking of fables and willing of evils, thinking such fables as led to depraved living and longing for what was not one's own, until finally action prevailed. The miasms which succeeded psora were but the outward representation of actions, which have grown out of thinking and willing. Psora is the oldest outward expression of the diseases of the human race representing this vital belonging, and next exists that state that corresponds to action. Thinking, willing and acting are the three things that make up the science of life of the human race. Man thinks, he wills and he acts. Now, that aura which is given out from the human race at any period of its history is that which corresponds to the state of the human race. The children inherit it from their parents and carry it on and continue it. As the internal is so is the external, and the external cannot be except as a result of the internal. The internal state of man is prior to that which surrounds him, therefore, environment is not cause; it is only, as it were, a sounding board, it is only that upon which the internal reflects. One who has the prior,

which is internal, may have that which can follow upon the external; it flows, as it were, from the internal and effects its forms upon the skin, upon the organs, upon the body of man. Such is influx and the inflowing is always in the direction of the least or no resistance; so that it is in the direction of man's affection, man's loves. Things flow in the direction that he wants them to flow. Diseases correspond to man's affections, and the diseases that are upon the human race to-day are but the outward expression of man's interiors, and it is true if the diseases are such they represent the forces internal of man. Man hates his neighbor, he is willing to violate every commandment; such is the state of man to-day. This state is represented in man's diseases. All diseases upon the earth, acute and chronic, are representations of man's internals. Otherwise he could not be susceptible, or could not develop that which is within him. The image of his own interior self comes out in disease.

This state has continued to progress, and it has accumulated and become complex. The original simple psora has added to it syphilis and sycosis, and these progress and have now effected a state, they have continued to effect a state in mankind, whereby the race is so susceptible to acute affections that many of our citizens have every little thing that comes along, and every little epidemic of influenza brings them down with an acute attack. This could not be but for the complications that man has caused himself to get into, or has taken upon himself. This was not done in one generation, but has been accumulating upon the face of the earth so long as we have a history of man. Otherwise man would not be sick, for he should be a perfect animal in his animal nature. Look at the perfection of all things put upon the earth, see the plants, how perfect they are; but man by his thinking evils and willing fables has entered upon a state wherein he has lost his freedom, his internal order, and is undergoing changes which the animal kingdom in its period, and the vegetable kingdom in its period, did not take on.

The miasms that are at the present day upon the human race are complicated a thousandfold by allopathic treatment. Every external manifestation of the miasm has in itself a tendency to straighten mankind, but the human race is being violently dam-

aged and diseases are being complicated for the reason that these outward expressions are forced to disappear by the application of some violent or stimulant drug. At the present day nobody will acknowledge that he had the itch in his childhood, until it is seen by some intelligent mother that it is wise to tell the doctor everything. The itch is looked upon as a disgraceful affair; so is everything that has a similar correspondence; because the itch in itself has a correspondence with adultery, only one is adultery as to internals and the other as to externals; one succeeds the other. So it is with all miasms. And now we have the miasms before us to treat, as physicians, in all their complications. For instance, if a true sycotic gonorrhœa appears to us second hand it appears in its suppressed form, which is a thousand times worse than the original form. All the outward manifestations have been made to disappear. So it is with the external forms of psora, the vesicular and squamous eruptions, and all the outgrowths and outcroppings of psora. Every conceivable thing has been resorted to to destroy its manifestations, and the disease has grown and grown until nobody can tell what its outcome will be. How long can this thing go on before the human race will be swept from the earth with the results of the suppression of psora? From the suppression of psora we have cancerous affections, organic diseases of the heart and lungs, phthisis, and general destruction of the body. How long can it go on? If Homœopathy does not spread, if it does not establish its doctrines upon the earth so that sick folks can be healed under its principles, this threatening state and condition will increase. Allopathic physicians are multiplying rapidly, and they are all doing this same thing, even more so now than at the time of Hahnemann. It does seem as if Homœopathy had become a necessity, but the kind of Homœopathy that is preached in the majority of our schools will not check the progress of psora. The majority of the college teachers sneer at the doctrine of psora; they sneer at the miasms and continue in their efforts to establish Homœopathy upon an allopathic basis. Homœopathy as taught in the colleges at the present day is simply an attempt to establish Homœopathy upon an allopathic basis, using allopathic names, calling chronic affections by different names, and treating diseases of organs by name. No study is made of psora, but allopathic books

are their text-books. Syphilis is not treated from cause to effect, but simply in the way of driving it back or holding it in abeyance, without any effort to permanently cure it. The patient is filled with Mercury, the Iodides and other strong drugs, drugs that are well known to subdue it temporarily by an allopathic effect.

Psora has progressed until it has become the most contagious of diseases, because the more complicated it becomes the more susceptible are our children to its beginnings, and its contagion adds to the old disease, and while it goes on the children become increasingly sensitive to the other miasms. The human race at the present day is intensely susceptible to psora, to syphilis and sycosis. "Psora," says Hahnemann, "became, therefore, the common mother of man's chronic diseases. It can be said that at least seven-eighths of the chronic maladies existing at the present day are due to psora." It is true that if psora could be brought back in a series to its simple state the external of the body would become wonderfully bad to look upon, but the internal would be in a much better state. The vesicular eruptions that come are sometimes dreadful to look upon, horrible in proportion to the vanity of the patient, but these must be allowed to evolve themselves and then wonderful good comes to the economy. Hereditary states roll out in these manifestations, internal evils flow into external manifestations and Homœopathy continues to drive them outward and outward, thereby leaving the economy in a state of comparative freedom. Very commonly itch will not yield to the homœopathic remedy immediately, because the action of the remedy is routing the heredity within, causing it to flow out more exteriorly into manifestations without. One who does not know this, of course, loses heart when his remedies do not at once wipe out the eruption. A sickly child may come out with eruptions, and if the child is treated properly the sickness will flow out into the eruption and that child will be cured from within out, and finally after much tribulation the outward trouble will pass away, carrying with it the internal trouble. So that when it is said that the appropriate remedy did not immediately wipe off the skin and make it smooth, and, therefore, Zinc ointment or Sulphur ointment was resorted to, we see that it is a violation of law, and a wonderful damage to the patient.

Then Hahnemann gives a long list of cases with authorities, quotations and references which you should certainly look over. He also gives the symptoms that he collected while observing and investigating. It was the wonderful similarity between those symptoms when grouped together, representing an image of psora, and those symptoms representing an image of Sulphur, which led Hahnemann to the use of Sulphur in psoric conditions. In psora we have the images of many remedies; all of the deep acting remedies have more or less something of the nature of psora.

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### THE BASIS OF FUTURE OBSERVATIONS IN THE MATERIA MEDICA, OR HOW TO STUDY THE MATERIA MEDICA.

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An address delivered by Prof. J. T. Kent, before the Homœopathic Union, New York, January 19th, 1899.

*Gentlemen of the Union :*

It gives me much pleasure to be with you. I come not with the presumption of saying new things, but to call up a few old thoughts that must have been Hahnemann's or he could not have framed the *Materia Medica* that his true followers have had no desire to alter and which his pretended followers have not sufficient perception to understand. The new *Materia Medica* of Hale, Hughes and Dake is one from which the chaff is supposed to have been winnowed, and therefore a substantial *Materia Medica*, differing from the old one of the master in having been subject to revision and re-proving. But what is it that is found in the *Materia Medica* of Hahnemann that is winnowed out as chaff? It will not require an extensive observation to perceive that all the symptoms that characterize the *sick man*, the patient, are those which are present in the old and left out of the new.

It is frequently asked, "How shall I study the *Materia Medica*?" And from the fact that this question is so often asked, we realize that this is one of the greatest problems in Homœopathy, at the present day. It undoubtedly arises from the fact that there are so many visible failures to understand the *Materia*

Medica, to study and to apply it, and to become homœopathic physicians. In the United States there are twelve thousand physicians, supposed to be well versed practitioners, who call themselves homœopathic physicians, but only a very limited number profess to know the *Materia Medica*, and go to the bedside without shaking; and even out of these limited few there are those who say, "How shall we study the *Materia Medica*?" If it were not a difficult problem there would be hardly any need of Post-Graduate Schools; if it could be studied as we study the elementary branches, there would be no trouble. We can get many to teach those subjects, but where, among the professors of *Materia Medica*, do we find men willing or able to teach the *pure* *Materia Medica*? The test of their teaching is, how many students do they send out who can go to the bedside of the patient and say, "We can heal the sick without Morphine." The follower of Hahnemann should be able to go to the bedside without fear or doubt.

Among the first things we must observe is, upon what basis the *Materia Medica* has been laid; how it is developed and how established. If the law of similars is the great law of cure, what renders the *Materia Medica* a similar? In the first place, we see it is not similar, nor intended to be similar, to healthy man; it is not intended to be similar to the physiological state, because the physiological state is absolutely without symptoms; the healthy man does not stop to consider how he feels; he does not have morbid sensations, hence the *Materia Medica* is not based upon physiology. Neither is it based upon morbid anatomy, and yet to-day there is a school that claims to make use of this law of similars, basing it upon the pathological state. The *Materia Medica* does not deal with morbid anatomy, *i. e.*, the results of disease. Collectively considered, it is the representation of the sicknesses of the human race; it is the image of the sick man. When I say sick man I mean the entire race, and every remedy is the image of some sickness of the human race, or a group of sicknesses of the human race. But we cannot study the *Materia Medica* collectively, as a whole; we must go about it in a particular way, and take one remedy, or even a portion of one remedy, at a time. The *Materia Medica* stands as it has been left

to us by provers and the old masters, and so it will stand as long as the world lasts; we cannot change it. I have no desire whatever to change one, or the least part of one, symptom of the *Materia Medica*. It has been left as you will find it in the provings and literature, as you will find it established in the *Guiding Symptoms* and later in the condensed *Materia Medica*. Throughout the *Materia Medica* there are many symptoms that are simply clinical, and these we regard to-day only as a sort of commentary, and our object also should be to make comments on this *Materia Medica*, not to change it, not to enlarge it, but to illustrate it.

Hahnemann advocates our beginning where he left off, and not travelling again over the ground that he travelled for us so tremblingly. Hahnemann travelled over the ground experimentally, and to him it was a pilgrimage of distress; those experiments have now been settled. We can go about the study of the doctrines, and see if they appeal to the rational mind, and, if so, accept them, but the next thing is to learn the ways and means. Without the *Materia Medica* the law is powerless, for Homœopathy cannot benefit us until we know how to apply it.

We have affirmed that our *Materia Medica* is not based upon physiology nor upon pathology, but upon the sickness of the human race. I mean quite a different thing when I say the sickness of the human race to what is understood if I said the morbid anatomy of the human race. The remedy then must be studied as you would study sickness, and sickness must be studied as you would study a remedy; there is no difference. If we have learned to study the *Materia Medica*, we have learned to study sickness; if we have learned to study sickness, we have learned to study the *Materia Medica*; but we can never study sickness intelligently until we have first learned to study the *Materia Medica*. We must become thoroughly conversant with that in all its representation. Now, if we were about to study a particular drug, what is there about it that we must study? What questions shall we ask of it? Also, if we are about to study the sick man, we want to know what there is in that sickness that we should know. It is the most foolish kind of information to know that he has inflammation, tumors, warts, abscesses or boils if we do not know any more than that; it is simply twaddle. The *Materia Medica* is not

based upon such knowledge. Only in a secondary manner can we discover the results of disease in studying the *Materia Medica*, but never do we study the results of disease until we have learned the sickness of the *Materia medica* representation. The *Materia Medica* represents the sickness of men from the beginning.

The teaching of the master was that the duty of the physician is to give his attention to the patient, and not to the disease or the results of his sickness. The symptoms of the patient are:

1. The state of his mind.
2. His sensations.
3. The functions of his organs.
4. The organs themselves.
5. The modalities.

There are two grand things in working up a remedy that we must consider. In studying any remedy as in studying any disease, we must classify and put together all things that are predicated of the patient himself so when we take up the study of *Bryonia*, we will classify all the things that the *Bryonia* patient predicates of himself, of his mental state, of his desires and aversions, of his state of intelligence, of how he himself is affected by heat and by cold, and everything from beginning to end that relates to himself. Symptoms of which he says: "I feel so and so" under such circumstances. When these things are all considered, they form a collective consideration of *Bryonia* as it relates to the patient himself. It is well first to go over a remedy from beginning to end to see what the prover says of himself. Hahnemann says (you find it looming up everywhere) that the sole duty of the physician is to heal the sick; everywhere, he says, the patient is to be treated and not his disease. This done, the next thing to consider is the patient as to his parts. First, the symptoms pertaining to the patient himself, secondly, the symptoms pertaining to his parts, in other words, first, symptoms that are general and then symptoms that are particular. Every remedy must be studied in this way, every patient must be studied in this way. Every disease that comes upon the land must be studied first as to generals and then as to particulars. If we fully grasp this it matters little what theories we entertain. The keynote system has done more mischief than anything else, although key-



notes are not to be ignored, but until the relation of the generals and particulars is understood it is no matter how much you memorize about it. It is commonly believed in the schools that the learning of the Materia Medica is a mere matter of memorizing. Think of the lots of materia medica that one must memorize. No man from the beginning of the world could remember one-half of the Materia Medica. I do not remember it, no one can. Nevertheless we will be astonished to know how much of it can be commanded. Let it be remembered then that from generals to particulars we must proceed to study every medicine in the Materia Medica.

The next thing that we have to ask in this study is, what particular elements must we examine into first? The most important will be the mind symptoms, for the mind in the man. As the mind is so is the man. But the mind is composed of elements that we have to consider, and hence it will be divided into three parts, so far as the Materia Medica is concerned, as follows:

MIND	{	Memory.
		Understanding.
		Will.

There is no remedy that has been well proved, but has brought out symptoms in these features of the mind. His *memory* is intensified by the proving, and he says: "My memory was brighter than ever when proving a certain drug; it was always inclined to sluggishness, but then it was intense; I remembered all the things that were told me." Or on the other hand, the memory is impaired; the man says: "I have always had a good memory, but it has become poor." Is not that just what a man says when he is sick? That is not the physiological state, the normal state, of the memory.

Then we see the prover in a disordered state as to his *intelligence*. It may only be that he cannot tell his symptoms, or that he is in confusion of mind, delirium or full of imaginings. All kinds of perversions of the intellect belong to the understanding, the intellectual portion of man.

The next is more essential than all others because it relates to his loves of all kind, the *will*. It includes what he wills, what he

desires, what he loves; everything of the character of his delights, and everything of his irritability. Irritability is only called forth in connection with desires. If a patient desires and is not satisfied he becomes irritable; hence it belongs to the will. He wants to sit still, to remain quiet and not be talked to. You interfere with his desires, with what he wants to do, and he becomes irritable. The desires and aversions are the most important things in the whole collection of symptoms that you will gather from a patient. Aversions are only the opposite of his desires; they are only his disturbed loves. We can imagine what the physiological state would be, we do not ~~exactly~~ know, but we can estimate it approximately. We should expect that a man at the table would desire all wholesome food that is set before him, but we come across an abnormal state, as we see in remedies. In Bryonia it says: "He desires things, but he knows not what." In an irritable way he craves certain things, and then when he gets them, he does not want them. It will not be known how perverted these desires become in sickness until we meditate a long time over the Materia Medica and see the wonderful things that mankind desires and the things that he hates. We might suppose that it is an ordinary state of affairs for an individual to sit down and eat meat and potatoes and eggs, and to put butter on his bread. But one patient says: "I cannot eat bread," another, "I cannot eat butter with my bread," and another says: "I can never touch fish," and so on, only certain things can be endured. Then if we examine into the love of life, we find certain individuals so ill, as in Aurum, for example, so miserable that they no longer have any desire to live. Would you not naturally think that one of the highest ambitions of mankind would be to live? Well, he no longer has anything to live for. "What is the matter? Lost your wife, your brother?" "No." "Had any trouble?" "No, but I just want to die." Why, you say the man must be crazy; to be sure the insanity is in the will. There are insanities of the understanding, which are matters of intelligence, and there are insanities of the will, which are matters of the loves. We must, as we go into a remedy, look through and see how it affects the memory and intelligence, and how it affects the will of man. We may at first conjure up the notion that often prevails, and that among

pretty intelligent people, that the brain alone is the seat of the affections of man, and it is only in the head of man that the memory, intelligence and affections are manifested. If we think this way we will get into confusion when we study the *Materia Medica*, because it is not true. Every tissue in man has its proportion of memory, understanding and will. There is no tissue that does not have more or less of it, the outermost tissues as well as the special senses. For instance, we do not say that that music was delightful; how do we know? It was in the ear. So that from the brain there are prolongations of fibres into the ear whereby the will may be affected, so that with the ear we love delightful impressions. With the eye we see things that are delightful, with the tongue we taste things that are delightful. Do not all these things have their corresponding intelligence so that they convey their intelligence to man? So it is with the extremities; the tips of the fingers, the soles of the feet, the entire body, in fact, aid us in this intelligence and in the things of delight. Every portion of man provides something; some in a greater, some in a less degree; and they all have their memory. Do not we remember what we felt with the fingers? So that we see that the mind is the man. We study this complex organism to find out how it may be perverted in every conceivable way. We see this brought out, *e. g.*, in *Bryonia*; what is the state of intelligence in *Bryonia*; how are his affections perverted? That is the man.

Now we go from the will, memory and understanding, which collectively constitute the mind, to his *sensations*, and these must be studied from first to last. Sensations are close to the nervous system and close to the mind. He has all sorts of perversions of sensation, sensations of numbness, increased sensitiveness to pain, sensations in the fingers, in the head, in different parts all over the body. Generally speaking, sensations may be said to belong to the particulars; sometimes certain sensations are common all over the body, and in that respect they become more or less general, but if confined to a particular part they become particulars.

Then it is an important thing to know how each *organ* is affected in its *functions*. Every organ must be considered. Locality is the idea, in order that we may classify. There is hardly

a locality in the body that does not have an organ of some sort or use or purpose. This, of course, is a broad field, but we see how necessary it is to become acquainted with the physiological condition of every organ, in order that we may appreciate any change from that physiological state, which becomes a state of sickness or representation of the *Materia Medica*. The functions of all organs, of the brain, the liver, the bowels, the genital organs, etc., must be studied so that we may know what these functions are in the natural state and what they are when changed by sickness—abnormal sensations.

We must also study man as to time, place, degree and manner, so that the study of *modalities* becomes an important part of the work on any remedy. The modalities relate to every conceivable change in the symptoms, the time, the place, and the manner of these changes. It is brought out in this way; all the natural habits and functions of man furnish circumstances for modalities. We understand that it is natural to go to stool, for a woman to menstruate, it is natural to move, to eat, to lie down; consequently every symptom that can occur in man, whether general or particular, has to have this two foot rule applied to it. If in the woman, we ask does this symptom come before, during or after stool, before, during or after menstruation; how affected by lying down, by sleep, is it better or worse after sleep; and so with every conceivable thing that the woman may have. The natural functions are circumstances whereby modalities are observed. This same thing has to be gone through in sickness to bring out symptoms, in the study of each patient.

Lastly we must remember, most emphatically, that this is how the *Materia Medica* is built, that it is formed from these things, and every remedy must be studied with this stamp upon it. I have only spoken about the things most common, of the things that will come up all the time. In every patient there will be something different from every other patient, just as no two human faces that we have ever seen are exactly alike. It is by reading between the lines and by becoming masters of the things that are on the lines, that we can cure human suffering. If we are not masters of the things that are on the lines, we will never learn to read those things that lie between. The results of dis-

case, then, are not the foundation work of the *Materia Medica*, the morbid anatomy of the human race is not the basis of the *Materia Medica*. In the recent revised *Materia Medica* that which makes a *Materia Medica* is left out.

### THE WOMAN'S AUXILIARY.

The Woman's Auxiliary of the Philadelphia Post-Graduate School of Homœopathics held its second annual meeting on Tuesday, January 10th, 1899, and elected officers for one year. The aim of this organization is "to contribute to the support of the dispensary and disseminate a knowledge of the dispensary and its work." It has set a goal to increase its membership to one thousand. With annual dues of one dollar this will provide a substantial fund for the dispensary. Some of the names that stood on the membership list have been transferred to that of the contributors, and the new members added during the second year have not yet brought the number to one hundred. "Women are eligible to membership upon the recommendation of a member and payment of annual dues," but anyone may become a contributor through a member or through the treasurer. All, women or men, interested in the spread of true Homœopathy should send their names and contribution blanks will be provided upon application.

The auxiliary announced a Thanksgiving sale for November 22d, and it is gratified at the receipts—one hundred and eighteen dollars—notwithstanding the small number of customers in the evening, due to inclement weather.

Homœopathic physicians, show this to your wives, daughters, sisters and patients.

Treasurer's report, year ending December 31, 1898:

DR.		CR.	
To balance, Jan. 1, 1898. . .	\$41 37	By Treasurer of Phila. P. G.	
" annual dues, . . . . .	62 00	School Board, . . . . .	\$215 25
" contributions, all other		" postage, . . . . .	8 56
sources, . . . . .	150 70	" miscellaneous expenses, .	13 02
		" balance, Dec. 31, 1898, .	17 24
Total, . . . . .	\$254 07	Total, . . . . .	\$254 07

JULIA C. LOOS, *Sec'y.-Treas.*

## DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the *Organon*.

## CLINICAL CASES.

S. L. GUILD-LEGGETT, M. D., H. M., Syracuse, N. Y.

The following cases are presented to your attention, in two instances, because of the unusual remedies indicated, and in the other because of the unusual conditions cured.

## CASE I.—CLINICAL VERIFICATIONS OF AN UNUSUAL REMEDY.

A farmer, aged 56, suffered from a disorder of the heart. The symptoms had followed an attack of purpura, hæmatemesis and hæmoptysis, in the order named. He was enormously distended with dropsy and had not lain in bed for four months. His scrotum was distended, ulcerated in spots the size of a dime, oozing and fetid.

He had been treated, generously, to *nitro-glycerine*.

Naturally cold, liking warmth, he was now breathless at the slightest indication of heat from weather, sun or fire. At one stage he could not endure the motion of people about the room without "puffing," and the slightest draft or wind took his "breath away." He slept sitting, and but few minutes at a time. He awakened saying that he had "slipped a cog" and had awakened to breathe.

At the time I saw him the increase of symptoms had taken the form of *involuntary groaning* at every breath, without pain. It was summer time and he could easily be heard at the barn or across the street. This was too distressing to be endured by the family if help could be found.

Watching him, I noticed that he frequently put his hand to his

head to remove "a cap," made the motion of passing it to the attendants, and said to them: "Hang it anywhere to get it out of the way, on the bed-post if you like."

The remedy was evidently an animal poison, it was probably a snake, and it was not Lach., what was it? Fortunately, I had used the symptom once before in a case of neurasthenia from shock to the heart. I had found in the provings of *Crotalus cascavella* the symptom: "The entire skull-cap presses the head like an iron helmet." Further study showed that it produced "involuntary groaning," etc.

One dose of *Crot. casc.* 30x (B. & T.)—the only potency I had—reduced the dropsy, stopped the groaning, allowed the patient to lie down in bed and sleep sweetly, several hours at a time, for eight days. He was too far distant for me to reach him and died the ninth day.

His only bad habit had been chewing large quantities of tobacco. During the days of comfort following the prescription he often said: "Had I only known what Dr. Leggett could do."

#### CASE II.

On June 9, '96, G. H., aged 19, called upon me to prescribe for an eruption upon face, neck, forearms and hands that had continued since babyhood.

History: Vaccination at 9 years, very sore arm.

Measles at 4 or 5 years.

Congestion to lungs when little child, "*very bad.*"

Either measles or scarlet fever left deafness of one ear.

Tuberculosis in mother's family.

Has been treated for malaria two successive seasons after having been swimming.

Tendency to colds with cough, one of which was present at first interview.

Status presens: Cough, had a hoarse hollow sound, as if pumping. Hoarseness with colds.

Eruption: dry, scaly; *moist* after scratching;

" *burning* and *sore* after scratching;

" < every winter;

" begins about November in bends of elbows, and after a month or so extends over forearms, hand and face;

Eruption leaves dirty brown stains;

- “ hands, about finger-nails, and patches on dorsal surface; forearms, in patches;
- “ face looks as if the outermost layer of cuticle had been removed by some scraping instrument;
- “ itching is not troublesome;
- “ “ probably when warm in bed at night;
- “ finds face scratched in the morning;
- “ scratches without knowing;
- “ “ is never wakened by;
- “ had, this year, continued in summer;
- “ inclined to think was < by becoming overheated, riding wheel, etc.

Stool: soft, at times two'daily;

Urine: normal.

Study and comparison of remedies caused me to choose Kali-ars. for the following reasons:

Kali-ars. has psoriasis, with initial lesion spreading from the elbows;

- “ was scaly, itching, caused patient to scratch until an ichorous fluid discharged; discoloration after;
- “ was < from becoming warm;
- “ left a dirty, brown, unwashed appearance;
- “ < cold air;
- “ had a dry, chronic eczema;
- “ left a colored cicatrix.

In comparing Hep., Nat-m. and Kali-ars. I found:

Hep produced more ulceration and offensiveness.

Nat-m. more vesiculation, and Kali-ars. was most productive of such dry, scaly eruptions, as psoriasis.

June 19, '96, the patient received one dose of Kali-ars. 45 m. Fincke.

June 30, '96, he reported an < that continued three days, with weakness and vertigo when stooping; improvement followed.

July 11, '96, the face was much better, the patient growing stout.

Aug. 31, '96, had improved until he took a long ride; face and



radial side of hand rather worse. 1 dose of Kali-ars. 45 m. (F.)

Oct. 21, '96, he reported the eruption to be unusually light for this season. There had been slight <, a slight roughness had appeared in the bends of elbows, but it did not really break out. Again two stools daily; soft. Eruption seldom sore, or burning. Kali-ars. 45 m. F.

Nov. 11, '98, reported that he could go out in all weathers, better than in previous years.

During last of Dec. and first of Jan. had one of his terrible colds, with cough and hoarseness, that was finally > by Phos. 86 m. F.

Feb. 2, '98, constant improvement, growing in flesh.

No further prescription was made until the following 3d of June, when the eruption showed faintly on left cheek, slight cold with cough and expectoration. Kali-ars. 45 m. F.

He has been free from eruption since that time, having gone over one winter without its appearance. He has also had less frequent cough and hoarseness.

### CASE III.

Apr. 6, '96. Mrs. B—-. Laundress, short, shriveled, red-haired, active, aged 54, came to me complaining of catarrh of the right ear and nostril of several weeks' standing. She described it as follows:

Discharge: "Yellow, offensive."

" In night, "wets a quarter of a sheet" folded and placed over the pillow.

" "When it gets ready to come" from the nose "cannot get handkerchief quickly enough." A profuse, sudden rush "of almost a handful of thick matter."

" Hardly sensitive to, does not feel it coming, therefore it falls at most inopportune times.

She is "bewildered" from blowing the nose, and blowing does not bring the discharge.

She was < from cold.

She, of course, worked in water.

The most prominent of the remedies that are made worse by working in water, and from blowing the nose, are:

*Calc., Puls., Sep., Sul.*

Those having a fetid, purulent, yellow discharge are:

*Calc., Puls.*

The patient was worse from cold, which condition pointed to *Calc.*

She received one dose of *Calc.* 6 m.

The next week she reported herself almost well, and feeling better than in a long time. The following week she had no sign of discharge from ear or nose.

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### CLINICAL SYMPTOMS.

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By E. W. BERRIDGE. M. D., London, England.

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(1) October, 1898. A girl. While eating or drinking, cutting pain in stomach like a knife. Cough from tickling in throat. Tickling in palate irrespective of cough. Fluent coryza, making nose sore. *Cuprum-arsen.* 1m. (F. C.) cured.

(2) June, 1898. Mrs. K., aged 68. Attacks threatening heart-failure. They begin with feet getting cold and clammy, and then the cold creeps upwards; must stoop forwards and cannot lean back; must have hot-water bottle to feet, and to heart as well if attacks are bad. *Chininum-arsen.* 10m. (Fincke) cured.

(3) September, 1897. Miss B., aged 63. Heart feels as if breaking through to the back, worse when leaning back in her chair. *Chininum-arsen.* 30 cured. (See *Guiding Symptoms*, Vol. 4, p. 60.)

(4) October, 1898. Mr. R. Pain in left side of stomach; fears to take a deep inspiration lest it should cause a cutting pain there, but when he does so it gives no pain; the pain is worse when lying on left side, or by the compression of left arm when lying with that arm extended. *Osmium* 200 cured. (See p. 53 Kent's Repertory.)

(5) May, 1898. Miss L., aged about 50. Soft, red swelling of ball of left foot, with shooting and tight feeling as if it must burst; the tight feeling is worse from application of cold water. Pain better when the boot is on, if she does not walk; but it pains foot to put boot on or off. The shooting pain prevents sleep, with pain there like the drawing of a tooth. Pain prevents walking. *China* cm. (F. C.) cured. Soon after the dose the pain extended to toes for a few minutes; in three hours was much better.

## A CASE OF HABITUAL ABORTION.

HARVEY FARRINGTON, M. D., Philadelphia, Pa.

Mrs. Mary McBride, aged 36, lean, emaciated, sandy hair and freckled face.

1897.

Feb. 24. Speaks in a plaintive, irritable tone; voice weak.

Has had nine miscarriages and six premature labors, at about the seventh month. All of these children died before the third year except one, who is now a girl of eleven years of age. They were taken suddenly with high fever and brain symptoms. The portraits of her dead babies decorate the walls of her room.

Has always had adherent placenta and was always given "forcing powders;" has also taken much tincture of iron.

Pregnant for the 16th time, and has been suffering with severe bearing down pains in the hypogastrium for six weeks.

Face flushes with each pain.

Abdomen lax and flabby.

Very weak.

Easily chilled by the cold.

Cross, peevish, snaps at everybody.

Menses as a rule thin, pale, apt to come too early.

Urine dark red, with white, sandy sediment.

Palpitation < lying on left side.

*Ferrum* 50m. one dose and *Sac. lac.*

Feb. 24. Bearing down pains stopped in half an hour.

Gets spells of smothering, weakness and dead feeling all over; cannot move; preceded by coldness and followed by heat and sweat.

*Sac. lac.*

Feb. 26. Improving.

Some pain between 11 and 12 P. M.

*Sac. lac.*

Feb. 27. Noise causes extreme nervousness.

*Sac. lac.*

March 1. Delivered of a healthy male child 7 A. M.

No complications; in labor about 6 hours.

March 2. Lingering afterpains.

Numbness of tongue.

*Sac. lac.*

March 5. Complains of nothing.

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### CLINICAL CASE.

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H. BECKER, M. D., Toronto, Canada.

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The following is the history of an interesting case:

John T., 8 years, has had very troublesome attacks several times a year affecting his throat and stomach, for which he received considerable calomel and bismuth subnitrate and various mixtures.

At present has been very ill for seven or eight weeks and is getting worse. Has light brown hair, large prominent blue eyes and a drawling habit of speech.

1897.

Dec. 7. Face and eyes much swollen.

Cheeks red.

Lips dry and chapped.

Skin dry and hot.

Vomiting—everything taken whether liquids or solids, curdled milk.

< after sweets.

soon after drinking.

causes pain in sides above hips.

Stools—black, liquid, slimy mucus.

Wrinkles forehead and screws up eyes.

Anasarca of whole body and limbs; very marked roll across loins.

Backache—dorsal and lumbar region.

Restlessness—very marked; tosses about continually; throws off bed clothing.

Headache—above eyes, continual.

Urine—very slow in coming.

(With heat and nitric acid showed more than half albumen).

Thirsty for cold drinks.

Wants cool baths, cannot bear warm.

Desire for cold food and cold plate, knife and fork.

Dislikes to see the steam rising from food.

Groans in sleep, which consists of very short naps, so that his rest is not sufficient for strength.

Typical case of "Bright's disease."

*Phos. cm.* about 10 P. M.

Dec. 8. Slept well last night.

Urine free, more free.

Vomiting, none during night, but as he had been starved for want of nourishment had left orders that he should have whatever he wished, and at 7 A. M. he had an attack of easy vomiting and several times subsequently during the day.

Gave directions for more limited diet.

Sense of lump in throat.

Dec. 9. Slept well and looks very bright.

Face pale.

Vomiting none.

Passes much urine very easily.

Dec. 10. Nose becoming sharp and pointed and outlines of face becoming marked.

Swelling decreasing.

Dec. 12. Swelling—nearly gone; most marked across loins now.

Looks thin and quite different to what he did when first seen.

Eating well.

Sleeps well.

From this time he kept on improving visibly and soon was quite plump and fleshy.

1898.

April 26. Twitching in sleep, limbs.

Belching in sleep.

Restlessness at night.

Hoarseness this A. M.

Cough < in the morning; loose in morning after being

croupy during night; dry during day; light in the  
*Phos. cm.* evening.

He was well quite soon, the cough, restlessness and  
twitching disappearing in 36 hours.

July 12. Cough. < day.

Throat—like nutmeg grater from cough.

Temp., 101; pulse, 100.

Eyes watery.

Twitching in sleep.

Numbness in feet from walking or running. < R.

Sept. 21. Cough dry—2 hours last night; all day; every 3  
mins.; croupy.

*Phos. cm.*

Better next day and quite well since.

#### PIN WORMS—CALCAREA.

R. C. KAISER, M. D., Rochester, N. Y.

In January, 1898, number of the JOURNAL OF HOMŒOPATHICS  
it is said that worms will be expelled if right remedy is given.  
In corroboration to this, will give following short extract from a  
long chronic case:

Josy S., 2 years 6 months, subject to rickets, can't walk yet.  
German parentage.  
1898.

March 15. Sweats on face while eating, also at nights pillow  
will be moist, also stockings moist during day. Large  
head, very headstrong and self-willed, can't hold head  
up, falls upon his chest. Constipated, stool very  
large and dry. Appetite poor.

Light hair, blue eyes, fair skin, inclined to grow fleshy.

R Calc. carb. cc. 3p. every other morning and S. L. Expelled  
a large amount of pin worms on March 20. Mother wanted to  
know if last medicine was a worm medicine. General improve-  
ment.

This is a chronic case which is still under treatment.

PERSONALS.

---

Dr. John Storer has removed to 108 Oakpark avenue, Oakpark, Ill.

Dr. C. D. Chandler has removed from Lincoln, Neb., to Hartington, Neb.

Dr. P. Douglas Smith has removed from Rockdale, England, to 24 Brisbane street, Launceston, Tasmania.

Dr. Elliott J. Osgood has removed from Cayahaga Falls, Ohio, to Chu Cheo, via Nankin, China.

DR. KENT'S REPERTORY. The tenth fascicle, *Extremities*, will be ready for delivery about the middle of this month.

Those subscribers who have not yet paid the \$2.00 for the present volume, will please send in the amount if they do not desire their Journal to be stopped.

DR. J. S. A. BAUTE has removed from New Haven, Ky., to Somerset, Pulaski Co., Ky.

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BOOKS FOR REVIEW.

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PRIMER OF PSYCHOLOGY AND MENTAL DISEASE. By C. B. Burr, M. D., 2d edition, thoroughly revised. Philadelphia: The F. A. Davis Company. Cloth, \$1.00.

This work of 116 pp. was written by Dr. Burr for the especial benefit of the attendants and nurses in the Training School Class of Eastern Michigan Asylum and attained its object in simplifying the teaching of what is at best an abstruse subject. But it will also prove useful (as it has done in the first edition) as a textbook for medical students. In the three parts—Psychology, Insanity and Management of Cases—the author treats excellently of each within the limits he has prescribed for himself.

**THE PHONENDOSCOPE AND ITS PRACTICAL APPLICATION.** By Professor Aurelis Bianchi, American edition; 37 illustrations. Philadelphia: George P. Pilling & Son, 1225 Callow-hill street. Price .50; by mail, .55.

Chapters I-III are translations of lectures by Bianchi. In Chapter IV the outlines of the organs are given, and in Chapter V the mechanical description of the phonendoscope. The last two chapters are articles on the use of this instrument in ascertaining the progress of digestion of fluids, and the course of pregnancy. This is a very practical little book, well illustrated and a necessity to those using the phonendoscope.

**LEADERS IN HOMŒOPATHIC THERAPEUTICS.** By Dr. E. B. Nash, Cortland, N. Y. Philadelphia: Boerick & Tafel. Pp. 381. Price, \$2.50. Cloth. By mail, \$2.63.

We have read Dr. Nash's little book with interest and profit. It is a gem, the only fault with it being that there is not more of it. It consists in the comparison of the strongest characteristics of the *Materia Medica* in a very chatty style, well calculated to fill the mind with useful information. The author points out the improper use of keynotes. We have long known Dr. Nash as a painstaking prescriber and are, therefore, not surprised that he has presented such a valuable work on *Materia Medica* and Therapeutics.

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#### BOOK RECEIVED.

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**Vaccination or Blood Poisoning with Animal Diseases** by Ed. Alfred Heath, M. D., Pha., etc., London, England.

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**BACK NUMBERS.** Thirty-four lectures on *Materia Medica* and nineteen lectures on Homœopathics have now appeared in the *JOURNAL*. These will form quite a text-book for students and recent gradates. Back numbers, from Vol. I, No. 1, can be supplied at subscription rates.



REPORT OF THE DISPENSARY OF THE PHILADELPHIA POST-GRADUATE  
SCHOOL OF HOMŒOPATHICS FOR THE YEAR 1898.

<i>Clinics.</i>	<i>Old.</i>	<i>New.</i>	<i>Total.</i>
Dr. Cameron . . . . .	926	128	1,054
" Cooper . . . . .	828	196	1,124
" Farrington . . . . .	1,151	115	1,266
" Edwards . . . . .	411	53	464
" Gladwin . . . . .	1,174	167	1,341
" Loos . . . . .	697	170	849
" Reger . . . . .	175	116	291
" Boggars . . . . .	1,007	108	415
" Ives . . . . .	1,268	185	1,453
" Gray . . . . .	49		49
Total . . . . .	7,768	1,238	9,006
<i>Visits.</i>			
Dr. Cooper . . . . .	243	32	275
" Farrington . . . . .	427	13	440
" Edwards . . . . .	1,233	117	1,350
" Boggars . . . . .	1,421	117	1,538
" Loos . . . . .	30		30
" Ives . . . . .	43		43
" Gladwin . . . . .	10		10
Post-Graduate Students . . . . .	227	84	456
	3,779	363	4,143
Grand total . . . . .	11,547	1,601	13,148

### POTENCY QUESTION IN AN ALLOPATHIC JOURNAL.

The following is suggestive in view of the new pharmacopœia's declaration that there are no "molecules" of the remedy in dilution above the 12th potency. We find it in the *Medical World* for October—the *World* is not a homœopathic journal:

"When Hahnemann declared that the thirtieth dilution of a drug would cure disease, it was unreasonable in the light of science of his day, and the doctors persecuted him. To-day thousands of men whose scientific and medical education is the equal of any in the world declare that Hahnemann was right. Come, then, and let us reason together. Prove all things, and hold fast to that which was good."

This is by a Dr. Alumbaugh. Worse is this by Dr. Harkon—they are discussing "The Thirtieth Dilution:"

"Case, Mr. S., aged 18.—Strong and healthy, was at work cleaning out an old fence row, and became poisoned with ivy; face, left hand and arm to elbow, both feet and limbs to knee; all badly swollen and containing the usual rash. Rash also appearing on various parts of body; temperature, 103°; tongue badly coated; appetite gone and quite free vomiting. He had been through the sugar of lead, butter milk and cathartic treatment before coming to me.

"Externally—a six ounce bottle of water colored with hydrastis, flavored with a little carbolic acid; to apply when itching was bad. Internally—*Rhus tox.*, two hundredth potency, five drops, three hours apart. Reports show a gradual improvement and soon at work again."

Really it looks as though our despised birthright would not long go a begging when old school journals will publish 200th potency cures, and the new work will then be "out of date."—*Homœopathic Recorder*.

## The Homœopathic Therapeutics of Diphtheria.

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# Journal of Homœopathics

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## DEPARTMENT OF MATERIA MEDICA.

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### COCCUS CACTI—COCHINEAL.

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Lecture delivered by PROF. J. T. KENT, at the Post-Graduate School.\*

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There is a similarity between the insect poisons and snake poisons. The animal poisons, the blood poisons and septic poisons have many things in common. They together form a class with beautiful shades of difference, falling into different complaints, different kinds of use, different spheres.

In the mental state of this remedy, coming at irregular times and sometimes with considerable regularity, there is a state of sadness which is extreme. It seems as if the whole world were blue or black, that there is no light, a cloud seems over everything. This state occurs quite commonly in the afternoon; it occurs after sleep especially, the patient waking up in the after part of the night, 2, 3 or 4 o'clock, with overwhelming sadness. He has nothing to live for, and would commit suicide, or do other desperate things, so bowed down is he with sadness and extreme depression of spirits. These states alternate with loquacity and liveliness, making it somewhat like *Lachesis*. We shall see that many of the complaints come on after sleep, also a strong feature of *Lachesis*.

In running through the remedy we find the heart more affected

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\* Stenographically reported by Dr. S. Mary Ives.

than other parts. We also find the spleen in a painful state; the pains are largely in the left hypochondrium. We find troubles to be mostly on the left side of the body and that the patient is worse lying on the painful or left side. We find also what we find in many animal poisons like *Apis*, *Lach.*; and the snakes in general, sensitiveness to touch and the pressure of the clothes, and the painful part is worse from lying on it. Hyperæsthesia of skin and mucous membranes. There are various ways in which this is manifested: worse from touch of the clothing, worse from touching the mouth or the throat; touching the throat while examining it will cause gagging; rinsing the mouth with water will cause retching, gagging and coughing. Brushing the teeth is a most wonderful aggravation and causes lots of complaints. Touching the arches of the palate is very irritating; there is a great state of irritability in these parts even when they are quite well. Gagging, coughing and retching from touching the mucous membranes of the mouth.

Running all through the remedy we have such complaints as are common in medicines that affect the heart, especially the venous side of the heart with enlargement. This remedy affects the venous heart and the veins. It produces friability and ulceration of the veins, and hence hemorrhages and oozings of black blood.

The patient for whom this remedy is suitable is aggravated in all of his complaints from the slightest exertion. The blood vessels become full from exertion and he bleeds. Any slight exertion brings on coughing, gagging, retching, wheezing. He cannot step up one or more steps without getting out of breath; he must stop and rest. Walking against the wind is impossible, it takes his breath away. He is exhausted after slight exertion. Dyspnœa of the most marked character after exertion, he must sit down, or lie down with the head high. These things belong to the remedy in general and even when there is no condition present that would account for such distress after slight exertion, but they are especially associated with venous and cardiac troubles and deep seated trouble in the base of the brain and upper part of the spinal cord. The medulla oblongata must be somewhat involved. Persons who have been affected by this

medicine in proving it, or who need it, will have basilar headaches upon exertion. They wake up in the morning with headache in the back of the neck. Constant sub-occipital soreness which is worse after sleep. From coughing and from jar there is very often distress in the back of the head. If you will apply your anatomy and physiology, you will see the connection between all these points; they relate to each other very naturally. From every exertion there are hemorrhages. The remedy is full of hemorrhages, black clots and very dark blood. Hardly is there a bit of oozing before a clot forms, and it is dry and hard. Blood from the uterus will coagulate and fill the vagina with a large clot that sometimes has to be dug out, or expelled with effort; it forms a sort of tampon. The blood clots with rapidity and with more solidity than is usual, so much so that it is remarkable. If we were to consider these things alone we would have a wonderful remedy, but there are many other things in it. It is true it is a little remedy, and needs further proving, but it is one of the grandest remedies in the materia medica when we come to understand it.

Among its headaches we find pain in the head with aching through the small of the back; pain in the occiput worse from mental exertion, worse from physical exertion, worse after sleep, worse after lying upon the back, better from having the head high and worse from any exercise that is sufficient to excite the circulation. "Violent, raging pain extending from r. eye along squamous portion of the temporal bone." "Dull headache over right eye in morning on waking." These have been verified. "Pressure upon the l. eye and eyeball."

Then we pass down to "inflammation of the conjunctiva." This introduces inflammation of mucous membranes in general. Sensation of rawness or as of sand or hairs between the eyeball and eyelid, scraping. A striking feature is inflammation of mucous membranes with copious, thick discharges, jelly-like discharges, thick yellow or white. From some parts they have been noticed as yellow, in others thick white or jelly-like, but clinically we have both, from any part yellow or white. Catarrhal discharge from the nose, thick, ropy, yellow or white; yellow in the earlier stages, after a while becoming white. He blows out great

quantities of mucus from the nose and spits up great quantities of mucus from the throat and air passages, which burn like fire after the mucous membrane becomes bare and uncovered. In the throat, larynx and lungs much rawness and smarting, pain and ulceration. The chest empties out enormous quantities of ropy mucus, yellow or white.

"Roaring in the ears, begins in the evening." "Roaring, ringing, crackling sounds in l. ear." "Tickling-itching in one or both ears." "Violent stitching in ears." Catarrhal symptoms, of course, either with or without mucus. Most of the catarrhal symptoms that are attended with the ringing and roaring sounds are the dry catarrhs of the middle ear. Those that are attended with fulness or a feeling as if the ear were stuffed, as if there were something before the ear which interfered with the sound, are those which are attended with a filling up of mucus.

"Dryness of nose with inclination to sneeze." "Discharge of thick, yellow mucus from the nose." Of course you are aware of the fact that in disease, as well as in provings, there is alternation of the state of dryness with copious flow of mucus. It occurs in catarrhal states and in provings of remedies.

The face is sickly and sallow, but there is also "purple face with racking cough and splitting headache." Do we not again see the blood poisoning remedies, *Apis* and the snake poisons? In *Apis* we have the pink, red face; in *Lachesis* we have the purple face. Here we have the purple face, but it also has a bright red face after coughing. The child with whooping cough coughs until it loses its breath. Persons suffering from phthisis, or catarrhal diseases of the chest cough and gag and retch to get up the great quantities of thick, ropy mucus; the face becomes purple with the retching, and gagging, and coughing.

"Great sensitiveness of the teeth to cold things." "Sudden drawing pains in the teeth." "Great sensitiveness to touch." Everywhere you will look for sensitiveness to touch. The great sensitiveness of the teeth to cold things is the exception in this remedy. It is a particular. In the complaints in general he is worse from warmth, desires to be cool, wants cool drinks, is ameliorated by drinking cold water, is better in cool air, suffers from the warmth of the stove and warmth of the room. Although



at times he is chilly, yet he is worse from wrapping up, *i. e.*, in his general feelings, and worse from the warmth of the stove. If he becomes a little warmer than usual, if the temperature, generally about  $70^{\circ}$ , goes up to  $72^{\circ}$  or  $73^{\circ}$  it sets him to coughing, he breaks out in a sweat or fever, suffers great distress, headache comes on in the back of the head and it seems as if a terrible state of anxiety will come on. He is in great distress everywhere, wants cool air, wants the window open and then he is better. His complaints are better in cool weather, yet sometimes he is so sensitive to cold weather that it keeps him suffering from new colds. Susceptibility to taking cold is quite a different thing from being aggravated in the cold. It is a state that we have to distinguish.

"Offensive, nauseous taste in mouth." Can never get rid of it. Nauseous taste in the throat and nausea in the throat. He gags, and hawks, and scrapes, to get rid of the nauseous and offensive mucus in the throat. Nauseous mucus forms about the teeth. He scrapes the teeth, and every time he puts the brush in his mouth it sets him to gagging, and so he is full of suffering, inconvenience and misery.

"Arches of palate very irritable, so that loud speaking or brushing teeth causes cough and vomiting." Sensation of a hair in the throat. Is it not strange that these same provers had the sensation of hairs between the eyelid and eye, and hairs in the throat? "Tickling in the throat." "Fauces very sensitive," *i. e.*, sensitive to touch, even when not inflamed, also present when there is sore throat and they are inflamed. Constriction in the throat, rawness in the throat. Hawking of mucus, rawness and scraping in the throat. "Throat worse in warmth, especially in bed." Worse from warm things, though hot things are not so bad. Cold fluids ameliorate, but warm fluids cause gagging. Of course all of these things cannot be brought out at one time in one proving. When we have a feature we amplify it all through, and in that way we arrive at the more striking things. This remedy has not been so extensively studied by other practitioners as it has fallen in my way to examine it. I have seen some wonderful things done with it. One case in particular I recall—a man who had been sent to Colorado by an allopathic physician to die with phthisis. After remaining there some time, and grow-

ing worse, he wrote to his friends that he was steadily failing and they brought him home and put him in my hands. He had *Coccus cacti* symptoms. It was a case of *phthisis pituitosa*. He had a cough, stuffing up of the chest, great distress and night sweats, emaciation and such things as are usual. Under *Coccus cacti* he improved, went back to his work and worked a year without any trouble; he had very little cough, he fattened up and looked well and it appeared as if he would recover. The action of *Coccus cacti* was all that could be expected. But at the end of this time, while in his employment on the railroad, he was caught in a storm and got wet to the skin, was taken down with pneumonia, sent for his allopathic physician and was killed in due order. This medicine has, in this way, taken up cases with symptoms that threaten to become very serious. I have seen it take them right out of tribulation and put them on their feet, only when the symptoms are present, however, the gagging, spasmodic cough, relieved by cold drinks, and aggravated in a warm room. The retching, gagging and spasmodic character are all striking things. Copious yellow or white, ropy expectoration, coming up in great quantities. Then the cough quiets down and leaves him until the chest fills up again with a great quantity of mucus, and he must have another spell of retching and gagging which lasts several minutes and he is out of breath, and his face is purple, his mouth drools and he trembles from head to foot with the cough. Many such a whooping cough have I seen. The child would lie in a stupor, then rouse up with that violent, gagging, spasmodic cough, and cough until it expelled a handful of thick, ropy mucus, and the mother will say: "If I could only have got a drink of cold water quick enough I could have kept that off a little longer." Cold water relieves, but the spasmodic cough will come on if the room is a little too warm.

"Great thirst; drinks water often and in large quantities."

"Gagging and vomiting of food caused by expectoration of ropy mucus." He cannot expectorate the least bit without gagging and coughing; he cannot scrape his throat without gagging and retching. "Vomiting of thick masses of mucus." From the stomach, from the nose, from the throat, from the chest, we have,

this yellow or white, thick, ropy mucus. "Cough produced by loud speaking, rinsing mouth or brushing teeth."

Some of these marked cases will sit up in bed until the cough comes; they will not lie down until after they have had their coughing fit, which may be at 9, 10 or 12 o'clock. After this spell he knows he can have peace for a while. "It is coming, it is coming," he says; the chest is very sore and raw and he dreads it and will keep sipping a little cold water which relieves him and cools off the fauces. He knows it will keep off until about 2 or 3 o'clock, when the chest fills up, and he rouses up to expectorate this great quantity of ropy mucus.

"Epigastric region, especially pit of stomach, sensitive to pressure." "Sensation as of something ascending toward stomach, which makes her think she will vomit water." "Constant, dull, burning pain in left hypochondrium." "Dull stitches in region of spleen." "Pains in left hypochondrium, as from incarcerated flatulence."

There is now nothing especially striking besides the urinary symptoms. Albuminous urine, bloody urine. Clots in the bladder with defective flow of urine. "Urging to urinate, but can pass no urine until an enormous clot of black blood is passed." This clot is from the vagina, in uterine hemorrhage. The clot of blood fills the vagina and makes it impossible to bring force upon the bladder. "Urine excoriates." "Brick dust sediment in urine." "Urine dark colored, with white sediment an inch deep." "Gravel."

"Loss of sexual power." "Great tenderness and irritation in external lower part of the vagina worse when urinating." "Sudden cessation of menstrual flow." "Menses too early and too abundant." Sensitiveness is found also in these parts. "Pain in vulva so severe on going to bed that she is obliged to sit up and go to sleep in that position."

"Rawsness in the throat, hoarseness, tickling, scraping and gagging." "Scraping and dry feeling in larynx." "Protracted bronchial catarrhs remaining after whooping cough." "Whooping cough worse when first waking." "Cough of drunkards." It is quite a common thing in old drunkards with broken down constitutions to have just such a cough as *Coccus cacti* produces, a

cough with gagging and retching. It seems that nothing will go down the œsophagus without causing retching. This is one of the remedies most suitable, like *Lachesis*.

“Sudden pulmonary congestion.” “Accumulation of mucus in chest, difficult to raise, nearly causing strangulation and vomiting of food.” I have known some of these cases to say: “It is no use to eat until I have had my coughing spell; if I eat I will lose it right away.” The cough is known to be brought on by eating, and especially if at all near to the time of a coughing spell. In the intervals there is much hawking and coughing, or a dry cough, but it does not amount to so much as these paroxysms that come occasionally.

“Severe pressive pain the præcordial region.” “Aching pain through small of back.” It has cured renal colic. Pain in the region of the kidney extending down to the bladder or into the legs. Motion increases the pains in the kidneys, increases the pain in the left clavicular region; increases the dyspnœa, the cardiac symptoms, and often brings on the cough. From the least exertion, lassitude and tendency to perspire. Paralytic symptoms have been observed. “Hemiplegia with numbness.” Warmth of the bed aggravates the throat symptoms. “When entering heated room from cold, open air suffocative cough.”

“Stitching pains in occiput, in region of the spleen, in upper part of chest.” Stitching pains here and there. “Pressive pains in the eyes, in both temples, in sides of the forehead, extending to the occiput.”

Do not forget it has hemorrhages and the hemorrhagic state.

## DEPARTMENT OF HOMŒOPATHICS.

## LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT, at the Post-Graduate School.\*

## LECTURE XX.

## CHRONIC DISEASES—SYPHILIS.

There are some generals that relate to this disease under homœopathic treatment. You can find out from the books what you are to expect in this disease, for instance, the different syphilitic eruptions in all their varied manifestations as to time and color. In regard to the prodromal period, it is well to remember that it is usually from twelve to fifteen days, but it is sometimes as late as 50 or 60 days. Some acute miasm or a bad cold, or a drug disturbing the economy, may prevent the external manifestations and prolong the prodromal period, but it is usually from 12–15 days, if in no way disturbed or interrupted. Now the prodromal period increases with the contagion of the various stages. This is an observation that you will be able to verify in homœopathic practice, but one that the books will not give. The books speak of the primary contagion as the only contagion in connection with the syphilitic miasm, but let me tell you something. Suppose we assume that the syphilitic miasm is a disease that would run for a definite time, and suppose that an individual has gone through with the primary manifestations and is told by his physician that he can safely marry; if he marry, his wife becomes an invalid; but she does not go through the primary manifestations, the initial lesion and the roseola, but she has the syphiloderma and the symptoms which belong to the later stage of the disease. This disease is transferred from husband to wife, and it is taken up in the stage in which it then exists and from thence

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\*Stenographically reported by Dr. S. Mary Ives.

goes on in a progressive way. The woman catches it from the man in the stage in which he has it at the time of their marriage; she takes that which he has; if he has it in the advanced stage, she takes it in that stage; she takes from him the stage he has to offer. This is equally true of psora and sycosis. Such things never occur in the acute miasms, but the three chronic miasms have contagion in the form in which they exist at the time. The state is transferred, so that one in the advanced stages of psora will transfer to his good wife the psora which he has, and she takes it up and progresses with it and adds it to her own, and it progresses in her in accordance with her peculiarities. But the law of protection by dissimilars often comes in here and saves the wife's system from receiving a new infection of either syphilis, psora or sycosis. The disorders already present in her economy may be so wholly dissimilar that they protect her from contagion. Thus it is that a woman may have coition with a man that has sycosis in the form of gleet, and yet not have it inflicted upon her; thus she may have protection against forms of chancre. She may remain in contact with him as wife, and even have a child by him, and that child be black with syphilis, while she has no symptoms of syphilis. The reason of that is that the child is from the seed of the father and the mother only furnishes the ground work. There are plenty of physiological facts that show that these things are so. I have seen several cases where the child was born black with syphilis, and have looked for the mother to come down with syphilitic symptoms, but no trace of it could be observed. When infection takes place in the primary stage there is no way of disguising it, but if it occurs in the secondary or tertiary stage there is really no way of detecting it immediately, because it goes on so insidiously. If the husband has the primary sore the primary sore will manifest itself in the wife, but if he gives the disease to his wife in the tertiary stage, with every manifestation suppressed or passed by, then you will not be able to know whether she has taken the disease or not. We have seen already in studying the *Organon* that when diseases are dissimilar to each other one repels the other; so that if the woman has something in her economy in the form of a chronic disease, perhaps a phthisical condition, she will be protected. The organic results are such that the body is

overwhelmed with the disease that it already has, and hence she is protected. Dissimilars repel each other, and similars attract and cure each other. Yet if the dissimilar psoric manifestation is of a milder type, and can be substituted by the contagion, then the syphilitic condition comes in. To know the action of diseases upon each other is essential, because we see the principle of cure in how one disease affects another.

We learn much concerning the syphilitic miasm under the action of homœopathic remedies. At the end of the prodromal period we may expect the chancre; at the end of about six weeks, more or less, we may expect the external manifestations, the roseola and other eruptions; soon succeeding these, at the time of their disappearance, or in connection with them, we have the mucous patches in the throat, ulcers in the throat, and finally the falling of the hair. These rapidly succeed each other, often been associated. These are the commonest outward manifestations of the earlier period of secondary syphilis; it is important to remember this. In weakly subjects these come on very feebly; in robust, vigorous constitutions these manifestations come on vigorously. Now it matters not whether the feeble constitution fails to throw these out, or whether because of drugs the constitution has been made feeble and thereby the manifestations are withdrawn when they have been thrown out. The state is the same, whether they are suppressed or withheld because of feeble constitution, *i. e.*, the disease is operating upon the internal, having a tendency to affect the organs that are of the interior man. the brain, the liver, the kidneys, the spleen, the heart and lungs, the tissues and the bones. As syphilis commences to occupy the interior tissues of man the periosteum, the bone and the brain are tissues that are sought out as the principal sites. If you will contrast that with psora you will see that the latter more commonly attacks the blood vessels and the liver and causes deposits beneath the skin, forming suppuration and boils. The syphilitic boil is not a true boil, it is a multiple tubercular mass most vicious in character.

If we observe the syphilitic miasm in its backward progress we will trace it back in its stages, supposing they had been suppressed. In the earlier state the homœopathic treatment strikes at the root of the evil, and will take hold of that which would

become latent, and will so turn things into order that the chancre that is painful will become painless, will continue on as a mild and harmless sore. The bubo will be hastened to suppuration when it would not otherwise suppurate. The mucous patches will be checked, the sore throat will be greatly relieved, so that the patient is made more comfortable in all of his manifestations. In this earlier state we do not see the backward progress in the form of ulcers, etc., but we see that the tendency of the homœopathic remedy is, as it were, to quiet manifestations or subdue them, until the remedy has taken a deep and permanent hold of the economy, then they gradually subside. So much for the action of remedies upon earlier manifestations. But now if we proceed to examine the very latest manifestations we will see an opposite state. If you take hold of a case that is very late, say an old case that has been five or ten years going the rounds, getting all sorts of vicious treatment, and the patient has those awful bi-parietal head pains, he is becoming weaker in mind, he is getting the tertiary manifestations in general, tendency to gummatous formations and deep-seated ulcerations, and is threatening to break down in health. You will find constitutional remedies can only restore him and cure him by bringing out external manifestations upon his body somewhere. Not that the primary sore will come back right away; he may never have it at all; but he will begin to have ulcerated sore throat, which may progress and eat all the soft tissues in view, including the soft palate. If this ulceration appears the bones that have been so painful and threatened to become necrosed will cease to be affected; the periostitis will subside. Iritis is likely to be a troublesome symptom and may come with the secondary symptoms, or long years afterwards with tertiary symptoms. The proper remedy will immediately relieve this last appearing symptom, but the patient will say: "Doctor, I wish you would look in my throat; I have not had this trouble for a long time." You see upon examining his throat a mucous membrane that has been sacrificed by the application of Nitric acid and other caustics, indurated, hard, gristly-like tissues that are infiltrated with gummatous deposits. Now, he is in a pickle, for just as sure as he lives that man will have to undergo much trouble if you save him from insanity. If you save him at all, so



that he is worth living, these suppressed manifestations must come back, and they will come back under appropriate treatment.

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“HOW TO STUDY THE MATERIA MEDICA.”

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Discussion of Dr. Kent's address before the Homœopathic Union,  
New York.

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DR. CARLETON.—We have listened with great interest to this able and interesting paper. It is now before you for discussion; and a general expression of views is desired. Each speaker is to have ample time, and when you are all through Dr. Kent will close the discussion.

The teaching of Materia Medica in professedly homœopathic colleges is a matter that vitally interests us all. Some of you know why the attendance in those colleges is falling off. The stream cannot rise higher than its source. When the teachers of practical branches fall short of their duty, and besides inculcate error, the product is wofully bad, as we see every day about us. It is a satisfaction to know that a few individuals are faithful to Homœopathy in their college work. I take great pleasure in calling upon Dr. Martin Deschere to open the discussion.

DR. DESCHERE.—I listened to Dr. Kent's paper with a great deal of pleasure, and regret I did not have the opportunity of reading it previous to the meeting. I feel it needs thorough mental digestion to do justice to it. When the doctor spoke of every tissue in the body as subject to symptoms in the mind, I hoped he would go a little further and say that every tissue itself has its mind. Every tissue has its own mental domain in the sympathetic nervous system, or little brains, and sometimes the brain proper cannot overcome these little brains entirely, and then we have disease. Some people cannot eat certain foods on account of the taste, others cannot eat certain foods because they are not able to digest them. In some people the stomach has the ingredients to digest everything but fish. The patient may know it by

eructations which may appear days later, or by the pain. But these sensations may be referred to the mind.

How to study the *Materia Medica* is the keynote of Dr. Kent's paper. Not every one is able to study *Materia Medica*; it is a special talent. In a conversation I had with Dr. Fisher, of Chicago, and Dr. St. Clair Smith, they said the gist of desire of homœopathic physicians of the West is to have *Materia Medica* at their fingers' ends, so that when they see a disease they know the remedy immediately. They do not care to wade through the *Materia Medica* to get it. I think it is better to study the *Materia Medica* as it is made up. Hering said we should know a drug as we know a city, its streets, its libraries, churches, buildings, its statues, and all about it; and when we have mastered that drug thoroughly we find it easier to learn another, just as we will then find it easier to become acquainted with a second city. We should go through the drug organ by organ, tissue by tissue, and point out the peculiarities, get its characteristics and be able to memorize and study it as we recall faces by frequent meeting, and by close study, and careful acquaintance, their peculiarities, their ways, their manners, and we know people better by studying one face at a time than by studying one hundred at a time. We can only master the drug by careful study, or be well acquainted with it and be able to apply it to diseased conditions because we study it in the manner in which the *Materia Medica* was built up. The study of the temperature, pulse, urine and respiration is of no use to *Materia Medica*, but as a whole. *Materia Medica* has to be taught and learned; it is a life long study. I think pathology is a perverted physiology. If we study the pathology of the patient with the pathology of the disease we shall have the totality of the disease. We cannot take pathological anatomy as a foundation because it is dead anatomy. Certain remedies may have similar symptoms and still produce different states.

DR. B. G. CLARKE.—Dr. Kent has shown a great deal of thought and hard work in his paper. I regret I had not the benefit of it during student life.

DR. RUSHMORE.—I have nothing to add to the paper. Years ago Dr. P. P. Wells said study by comparison.

DR. SIMPSON.—A study of anatomy and pathology is necessary;

but still the trend of the younger physicians is toward the pathological effect instead of the patient, and the further we get away from the true *Materia Medica* the worse our results are. If we stick to the totality of symptoms—the real man—the more successful we are.

DR. H. M. SMITH.—I listened to the paper with a great deal of pleasure. Dr. Kent asked how to study the *Materia Medica*? Of the 15,000 homœopathic physicians in the United States about 1,000 know how to study the *Materia Medica*. In 1854 the American Institute was organized for the purpose of promoting the cause of Homœopathy, and at once recognized that the homœopathic *Materia Medica* should be augmented and improved. Dr. Hering was 18 years on the committee appointed to teach and publish the *Materia Medica*. With him were Drs. Jeanes and Williamson, Dr. Joslin, senior, of New York, and others. Nothing had been published in America. We had an English translation of Jahr's work. It seems to me the problem of teaching *Materia Medica* in colleges, judging by the professors in 18 colleges, is still a problem. There is little that is intelligent in their teaching. Dr. Kent says keynotes are not reliable. Dr. Dunham, studying with Bœnninghausen, gave sketches of drugs, so that when you saw them you could say they belonged to the same family, but this one differs from that, so that we know the different characteristics of a friend, face, form, etc. When an old school physician says this is a case of pneumonia, spinal meningitis, etc., we say that it is a case of phosphorous, bryonia or whatever the remedy may be.

Dr. —.—There were 10 remedies thoroughly proved which were not proved by Hahnemann. We should study the characteristics, and not the diseases the remedy is good for. This remedy is good for this or that, as Hale says. Think societies could do more than they do by suggesting a system of studying out the remedy.

DR. ALICE CAMPBELL.—I have always envied Dr. Kent's ability to expound Hahnemann. His paper is sound and good. I have been a plodder for thirty years, and I could not study the case in any other way save as set forth by Dr. Kent.

DR. WRIGHT.—Thinks highly of Dr. Kent's teaching, but often finds it difficult to obtain symptoms from the patient.

DR. DESCHERE.—I think the fault is not altogether with the colleges. We must consider the amount of material that has to be learned in four years. The branches are numerous and we expect the student to be well versed in all. The student is taught so much that the mind cannot be centred on the *Materia Medica*. It is a life study. The students will become good homœopaths in the future. Depends on the surroundings and tastes of the man himself whether he likes chemistry, surgery, or *Materia Medica*. As the results of surgery to-day are surpassing the results of twenty-five years ago, the young physician is led to follow it to the exclusion of the *Materia Medica*.

DR. CLARKE.—Do not blame the colleges for not teaching *Materia Medica*, but for not teaching the principles of Homœopathy.

DR. JOHN CAMPBELL.—When I was in college the best thing the professor of practice of medicine could do for an earache was to inject the vapor from a pipe of laudanum into the ear; and the professor of genito-urinary diseases said that in an attack of gonorrhœa injections would do no harm.

DR. KENT.—If anything could be neglected, what should be neglected? I should like to hear from Dr. Carleton.

DR. CARLETON.—I wanted to be a sponge this time, and absorb all the good things. More and more every year is impressed upon me the value of the mental symptoms. In taking a case it is all important to record everything that is unnatural—the totality of the symptoms—neither the objective nor the subjective being ignored. But as Hahnemann pointed out, when it comes to selecting the remedy the subjective symptoms are far more important than the objective. That is, the morbid sensations count for more than the appearances when making the prescription. And of the sensations, those relating to the mind are of first and greatest importance. Sometimes it is hard to decide between two remedies until their mental states are compared, when the choice is obvious at once.

And my regard for modalities is great and growing. The patient is worse after midnight, or 10 a. m., or after sleeping, or in the close room, or when lying upon the painless side; or better when in motion, or when lying upon the painful side—and all that

These are my greatest aids in the search for the similar remedy. And it seems to me that one can easier and better learn *Materia Medica* by making comparisons along these lines than by some other methods that have been tried. One sooner becomes familiar with characteristic and distinctive indications, and can then add other symptoms which will be remembered by association.

DR. BAYLIES.—Have a word to say in reference to study of pathology. Pathology is pathologically indicated by the symptoms. Is a compendium of the disease. Any further study is theory. Theory is not practical.

DR. RUSHMORE.—Places symptomatology among the elements of pathology. It forms an important part of the science of suffering which, etymologically, pathology is. Hahnemann's is the only true pathology, as it takes in both the subjective and objective symptoms.

DR. MACY.—Has no difficulty usually in getting characteristic symptoms, but the difficulty is to find the drug and is obliged to search for it. No professor can give the drug to the patient. Must dig for it. But the majority have not time or inclination to do so.

DR. CARLETON asked Dr. Kent if he would close the discussion.

DR. KENT.—I do not think any closing remarks are necessary. Am very glad to have met the society, and hope to have the pleasure of seeing the members soon again.

The meeting then adjourned.

E. C. D. O'BRIEN, M. D.,

*Sec'y pro tem.*

## HOMŒOPATHIC CATECHISM.

JULIA C. LOOS, M. D., H. M., Philadelphia.

This catechism embraces the subject of the science and art of healing as treated in Hahnemann's *Organon* and the lectures at the Philadelphia Post-Graduate School of Homœopathics. It is deemed that anyone who can fully and comprehensively respond to this list of queries has a good working knowledge of the principles of Homœopathy and their application. The sections refer to *The Organon*.

## § 1-2.

1. What is health?
2. What is disease?
3. What are symptoms?
4. What is man, in his internal; in his external?
5. What is the duty of the physician?
6. Name the *Three Injunctions* (Hahnemann's).
7. State two opposite views of the relation of bacteria to disease, to show what are bacteria.
8. What is the fundamental difference in the teaching of Old School and Homœopathy, the point where they divide and go in opposite paths?
9. State the *Three Directions of Cure* (given by Hahnemann).

## § 3-5.

10. State the *Three Precautions* (Hahnemann).
11. What are curative indications of disease?
12. What is the proper method of conducting a study of any disease?
13. What is an anamnesis?
14. What is the order of a Homœopathic investigation?
15. What is a proving; how conducted?
16. What is the effect of drugs on healthy man; how do they alter his position in the scale of development?
17. What is the proper place of experience in the practice of medicine?
18. State the direction of disease manifestations; of disease action.
19. Define miasm; acute miasm; chronic miasm.
20. Define stages of disease.
21. Name *Three Chronic Miasms*.
22. How is every curable disease made known to an observer?
23. What is the Science of Healing?
24. What is the Art of Healing?
25. Prove that acute diseases depend for their development on the state of man's health.
26. What is the basis of all contagion; of all cure?

27. Prove that bacteria do not constitute the poison in poisonous discharges.
28. What is the only authority, properly admitted, in treating the sick?
29. What is the basis of all acute diseases?
- § 6-7.
  30. What pictures the image of sickness?
  31. How is the totality of symptoms obtained?
  32. Of what value, in selecting a remedy, is the knowledge of tissue change?
  33. What is the target at which the prescription is aimed?
  34. Define local and symptomatic treatment. What is the objection to prescribing for individual symptoms or groups of symptoms?
  35. What is the result in the body of disease if allowed to progress?
  36. When may disease results be removed mechanically? Why not before?
  37. What are indispositions? How do they differ from miasmatic diseases?
- § 8.
  38. What are proofs of a curative action?
  39. What does a physician acknowledge by use of adjuvants?
  40. State the objections to the use of two remedies for one case of sickness at the same time.
  41. To what extent is it possible to abort diseases of a definite self-limited course?
- § 9-16.
  42. State the properties of simple substance.
  43. State the *Three Parallels* (Hahnemann).
  44. What is aura?
  45. Define susceptibility.
  46. Define Homœopathicity.
  47. What is death.
  48. What is the result (in the body) of cure?
  49. What is the relative value of knowledge gained by symptoms and that gained by physical examination; what relation does the second bear to the first?

## § 17-34.

50. What constitutes a cure?
51. Who first made a full study of Psora; of Sycosis?
52. Define anti-psoric, anti-syphilitic, anti-sycotic remedy.
53. What is the only method of gaining a complete knowledge of drugs?
54. In what forms are they used? What is the aim in drug study?
55. Mention three possible methods of adjusting drugs to disease. What is the effect on the patient when each is discontinued?
56. In any given case of sickness, upon what does the *power* of a drug depend?
57. State the ground of a Homœopathic physician's objection to the use of morphine in case of pain; of chloroform in labor.

## § 34-62.

58. What is the philosophy of using one dose of remedy only?
59. What difference is there in susceptibility to natural disease (contagion) and to drug action?
60. In what three ways is a remedy Homœopathic (3 modes of Homœopathicity)?
61. When two *dissimilar* diseases are present in an individual at the same time, what influence have they upon each other (3 forms)?
62. How are antidotes to drugs to be selected?

## § 78-82 and Chronic Diseases.

63. Describe Psora according to the following outline: Origin of name, of disease, manner, time, frequency of contagion and possible immunity, what tissues affected in each stage, time of prodrome, particulars as far as known, early manifestations, later manifestations, latest symptoms, those appearing in offspring, method and effect of treatment in different stages, by old school and by Homœopathic treatment, some appropriate Homœopathic remedies.
64. Describe syphilis, following above outline.



65. Describe Sycosis, following above outline.

§87-99.

66. State the *Three Qualifications* or *Three Requirements* (Hahnemann's).

67. State in detail the proper method of taking a case.

68. What are keynotes? State the proper and the improper use of them.

69. Name the *Three* (common) *Mistakes* (Hahnemann).

§ 105-145.

70. Outline Hahnemann's course in study and exposition of principles of Homœopathy.

71. What is the difference in the results obtained from proving with crude and potentized drugs?

72. State the difference between a proving and a poison.

73. What is idiosyncrasy? How may it be cured (2 degrees)?

74. What difference in the effect of substances taken into the body on (*a*) nutritive plane and (*b*) dynamic plane?

75. What care must be observed in furnishing drugs for proving?

76. How is a proving conducted?

77. By what is a proving confirmed; by what verified?

78. In what two ways may immunity from disease be gained?

79. What may be the difference, in similarity to the disease, between a curative and a prophylactic remedy?

80. Of what importance is differentiation in Homœopathy? Give some synonyms.

81. What constitutes a true specific?

§ 147-153.

82. Define characterizing symptoms.

83. What is the effect of the homœopathic treatment on chronic diseases in drugged cases?

84. What is the best treatment for indispositions arising in the course of chronic (constitutional) treatment?

85. Define particular symptoms; general symptoms; common symptoms, as applied to remedies and to diseases.

86. How are symptoms in a record to be estimated in seeking the remedy and using the repertory?
87. What class of symptoms contraindicate or determine the prescription of a remedy?
88. Explain the grading of symptoms.
- § 154-173.
89. What is a homœopathic aggravation?
90. Under what circumstances is the aggravation slight; under what is it severe?
91. What is the significance of an early aggravation in acute disease?
93. What is the length of time of homœopathic aggravation in favorable cases, in acute disease; in chronic disease?
93. When is it proper to repeat a remedy?
94. Under what circumstances must a repetition be avoided?
95. How far may drugs be potentized and still be medicinal?
96. Under what circumstances is it proper to give a larger dose (lower potency) after a small dose (higher potency) has been administered?
97. Under what circumstances is it proper to give a smaller dose (higher potency) after a large dose (lower potency) has been administered?
98. What constitutes a true homœopathic prescription?
99. What is a one-sided case?
100. State all the possible conditions following the administration of the remedy and state their significance (twelve observations).

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BACK NUMBERS.—Thirty-five lectures on *Materia Medica* and twenty lectures on *Homœopathics* have now appeared in the *JOURNAL*. These will form quite a text book for students and recent graduates. Back numbers from Vol. I, No. 1, can be supplied. New subscribers, taking the back numbers, will get the reduced rate of \$5.00 for the three years.

## DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the Organon.

## SYMPTOMATOLOGY.

EUGENE B. NASH, M. D., Cortland, N. Y.\*

A man, aged 59 years, was taken quite suddenly with pains all over; aching soreness particularly in back and limbs; then following a severe headache, high fever, great restlessness, and moaning; then following, still later, pain and soreness through the chest with cough. The cough was very severe, of a spasmodic nature, and added to the great soreness in chest were very sharp stitching pains through the lower third of right chest to back.

Under the action of *Belladonna*, while the fever, headache, and moaning were at the highest, perspiration set in with relief of those symptoms, but the cough and soreness and stitching in the chest increased and the patient began to expectorate thick mucus. *Bryonia* gave no relief. Man gets very weak and sweats during sleep.

At this stage it is noticed that there is a decided aggravation of the cough at 3 A. M. Now we have three legs to our stool.

1st. *Character* of pains, *stitching*.

2d. *Locality*, lower third right chest.

3d. *Aggravation*, 3 A. M., all symptoms (especially cough).

One dose of Kali carb. 30th, dry on tongue, quickly relieved from all suffering, and rapid and complete recovery followed.

CASE 2D.—Young married woman, frail, light-complexion, nervous temperament, caught cold (or thought she did) in Chicago

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\*Read at meeting of the New York Homœopathic Union, Dec. 15, 1898.

while walking in the wind, which blew strongly from the lake. She came home and came down with symptoms similar to those described in case No. 1.

She took from her own domestic case *Aconite*, *Belladonna* and *Bryonia* in the order mentioned for a few days, and when I was called to her was not able to sit up. She was coughing terribly. The cough was spasmodic, bending her over double, while she held her sides and abdomen with her hands, moaning and crying out when coughing because it wrenched and hurt her so badly. She remarked between the paroxysms of cough: "Doctor, if I had not had it I should think I had whooping cough." Sometimes she would gag and retch as if she would throw up, for it sounded loose, but nothing of consequence was expectorated. I gave her *Drosera* with no result. Then she told me, which she had not done at the first visit: "The pain is worse right there (putting her hand over lower right chest) and is like a sharp stitch. You don't suppose it is pleurisy, do you? I coughed until I thought I would lose my breath at times, from 3 to 4 o'clock this morning."

Now *she* received Kali carb. 30th, as did the other case, with the same result. At the next visit, two days after, as I stepped into the room, she exclaimed: "Oh, doctor, I never coughed at all hardly last night or the night before, and I feel almost well." I give these two cases because, while they differ somewhat, yet have in their totality three symptoms that are more peculiar and characteristic in the provings of Kali carb. than any other known remedy, and in accordance with our law it ought to relieve or cure where relief or cure is at all possible. And so it did. What shall we call these cases? La Grippe? Well, if so, what had that to do with the selection of the remedy? What is the significance of stitching-pains? Will the answer be that stitching pains are characteristically found in serous membranes. True, and no remedy has such inflammations, with such pains in serous membranes, more prominently than Bryonia. Then why did not Bryonia cure? Again, what of the locality of the pain? Was that merely co-incidence? But I have as promptly relieved it with this remedy in many other cases, the *other symptoms* agreeing as they did in these two. And I have also relieved similar pains in the *left* lower chest with Natrum sulph., the general soreness and

cough resembling both these cases, but the *time* aggravation being absent.

How about this time aggravation? Who can tell why that occurred at exactly 3 to 4 A. M.?

If there is anything that has been verified over and over again it is the time aggravation of such remedies as Arsenicum alb., 1 to 3 A. M.; Kali carb., 3 to 4 A. M., and Lycopod., 4 to 8 P. M., etc. Can any one satisfactorily explain them? No doubt there is an explanation. Many things are now understood that were not a century ago. No doubt many will be in the century to come; but while we wait we may profit by well-established (though unexplained) truths, one of which is *similia similibus curantur*.

So much fault has been, and is being, found with our cumbrous works on symptomatology or drug provings, and so many unsatisfactory attempts have been, and are being, made to abridge it on the one hand and to destroy confidence in it on the other that I thought that possibly a profitable hour might be spent in discussing its merits and demerits.

While it is undoubtedly true that some symptoms have crept in that are not genuine, and are therefore worthless, thirty-five years of study, observation and experience have convinced me that more is reliable than was thought could be when our provings were first published, and I am confident that if more time were now spent in studying and comparing, so as to get a more perfect knowledge of the provings we have in order to be able to apply our remedies according to Hahnemann's directions, and less in hunting microbes or trying to trace disease manifestations to their material causes the cause of Homœopathy would be the better for it. This will-o-the-wisp has attracted, deluded and disappointed many of the brightest minds that ever lived, live or will live. Hahnemann was wise enough to give up that chase, concluding that the "natural man could not receive the things of the spirit, neither could he know them," except by their outcome, which *was* perceptible to the senses; in other words, that the causes of disease were dynamic or spiritual. This conclusion being reached, what was more reasonable than to suppose that in order to reach this spirit of disease we must be able to apply remedies, which

from their outward manifestations indicated that back of them there was a similar and equal spirit force or dynamis?

If disease force began here, why not remedial force? So it came to pass that the immaterial came to be recognized in drug as well as disease force, and a course of systematic provings was instituted. Of course all of us know what led to this, viz., the accidental observation of the then remarkable fact that cures did follow the administration of drugs that were known to cause similar disturbance in the healthy organism.

Others had observed this, but Hahnemann was the man who, recognizing that this must have taken place in accordance with physiological or natural law, proceeded to found a scientific system of medicine upon it.

Now of *Symptomatology* in disease I quote from an eminent Allopathic authority.

He classes such symptoms under two heads, viz.: Objective and subjective, and defines them thus:

*Objective* symptoms are those elements of disease which can be appreciated by the observer.

*Subjective*, those which can only be known through the statements of the patient.

He then goes on to say: "As a general rule the objective are much more valuable than the subjective symptoms; but let it be remembered that the importance of the latter is very widely variable, and that it may far exceed anything that can be derived from direct observation. In the early stages of some serious diseases of the heart or brain nothing may be presented to the eye or ear, and yet the patient tells us of a deep unrest, or sudden horror, which, although it has no objective sign, may be the herald of a sudden or lingering disease; as true and as important—although to others the mind seems clear and the hearts beat healthy—as any murmur we might hear with the stethoscope or any palsy we might measure with the hand. We have to deal with man as a whole, and to ignore or undervalue what he tells us of his ideas, emotions, or sensations because they may be termed "subjective symptoms," and be held to be therefore unreliable, would be to shut out from ourselves that which—egotistic and fearful, prejudiced and ignorant as man may be—yet

forms an integral part of his life, and therefore of his disease.

"We must be careful to give both groups of symptoms their true value; and our danger in the present day is to underrate the importance of those which, a few years ago, constituted almost the total symptomatology of disease."

These are words of wisdom, but I think that all Hahnemannians would change the first paragraph, causing it to read—as a general rule the subjective symptoms are at least equally valuable with the objective, at least for therapeutic surfaces. Raue, after giving a masterly description of the physical signs or symptoms of organic heart diseases, says: "The treatment of all these different valvular affections has to be adapted to each single case, and it is not the diseased valve that points to any particular remedy, but the *individual* symptoms by which the whole morbid process manifests itself," and then he follows with symptomatic indications for over twenty remedies, of which the symptoms termed objective are far from being—as regards number or value—in the ascendancy. So with many other diseases, such, for instance, as pneumonia, typhoid fever and diphtheria.

Again Raue says, under "Anæmia": The special treatment must be dictated by the conditions of each case; success is possible only when we take each case as a "*unicum*," and search for its corresponding remedy in the *Materia Medica*. The symptoms indicating the remedy may lie entirely outside of the group of those symptoms which constitute the diagnosis.

All this has been quoted from these two authorities, both eminent in the two schools of medicine, because of the trend of the old and no inconsiderable part of our own school to pathology and diagnosis to the neglect of symptomatology. To diagnose and treat names of diseases rather than to cover the symptoms of the patient by the symptoms of the remedy, to account for a disease by a theory and then treat it accordingly. Take, for instance, phthisis pulmonalis. Prof. Bennett believed the disease to be essentially one of faulty nutrition, Prof. Virchow one of inflammation. Later Prof. Rindfleisch relegated it to the class of infectious diseases. Now in regard to this, as to many other diseases, they are trying to establish the microbe theory. Notwithstanding even Pasteur says: "I am unable to say whether the

bacilli produces the disease or the disease the bacilli." Now, in the light of all the benefit so far derived from such speculations or investigations, in all candor I ask if we may not quite as consistently go on with our symptom covering?

Let us now for a few moments turn our attention to our remedial symptomatology, or provings.

1st. We place foremost, as entitled to greater confidence, those symptoms that have been produced in proving and verified *ab usu in morbis*.

2d. Those that have been repeatedly produced in proving.

3d. All those that have appeared singly.

Again, the manner of proving our remedies has caused much discussion. Some have sought to destroy confidence in all provings made with remedies above the 12th potency; not only that, but in their power to cure the sick, even when made with cruder preparations.

Of the first class of symptoms aforementioned, it is interesting to note that in Allen's Encyclopedia of Pure Materia Medica, the verified, and especially the black-faced type symptoms of Lachesis, almost all of them, are verifications of provings made with the thirtieth potencies. It is also significant that the provings of Hahnemann's polychrest remedies mostly made with the potencies are among the most useful and reliable we have to-day.

Take that other serpent poison, Naja. Referring again to Allen we find that Lachesis has 29 provers only, while Naja has 45. The provings of the latter remedy were almost all made with the lower preparations, or were the effects of the bite of the serpent.

Of course, Lachesis has been longest in use, but has the difference in time been sufficient to account for the very great difference in utility? Or must we conclude that Naja needs further proving in the potencies to develop greater usefulness? These are fair questions and must be sooner or later settled.

Then, again, we have a class of symptoms termed clinical, having never yet appeared in the pathogenesis. Nevertheless they have proven very reliable in practice. Some have claimed that in order to be consistent we should not admit such symptoms into our Materia Medica. It seems otherwise to me, for the reason



that I believe that all such cured symptoms made and oft repeated, and especially if made with potencies above the 12th, must have been homœopathic or the cure would not have occurred, and that further proving would enable us to add the symptom to our pathogenesis. Of course the removal of symptoms with crude drugs would have to be received, if received at all, with much less confidence, because they would be more liable to be anti-pathic and therefore only palliative.

Constitution and temperament must also receive attention in making up our symptomatology. Our system of proving drugs has developed that the susceptibility to any particular drug varies widely in different persons, and it is not evidence of unreliability of a symptom because all persons do not experience it equally. The *fear* of Aconite would not appear in every prover. Nor are all equally affected by it in clinical use. So we have to grade the dose, or, as we express it, adapt the potency to the individual susceptibility. I have known a lady so susceptible to Aconite that she could not take it in any potency without at least temporary aggravation. So with Belladonna not only is this true, but the patients with Chamomilla, Pulsatilla or Nux vomica temperaments are very apt to develop disease in such a set of symptoms as will call for their remedy. It is well to remember this, and observe our patients when they are well in order to cover their case more perfectly when sick.

Again in applying our remedies (guided by symptoms) for the cure of the sick the Miasms come in for their share of attention. Hahnemann, in his chronic diseases, writes of three—psoric, syphilitic and sycotic. It is generally admitted that such miasms do interfere with the action of remedies that are capable of curing patients not so tainted. And so we have incorporated into our pathogenesis of drugs the so-called antipsoric, syphilitic and sycotic remedies.

Now if these miasms interfere with the *curative* actions of drugs, should we not be very careful to select the purest subjects possible for drug provings?

The abuse of drugs and their chronic, sometimes life-long, effects upon the system must be considered. These are what may be styled drug miasms. Calomel, Quinine, Potassa and Morphine are prominent among the drugs that produce them.

Are the disease or drug miasms to be overcome in any other way than we meet ordinary sicknesses, or is the symptomatically indicated remedy sufficient for all? How about Sulphur, Mercury and Thuja for the disease miasms, or Psorinum, Syphilinum or Sycotin or Lyssin for the same? Must we go outside the simillimum? Then in regard to complementaries and incompatibles, are they any exception to our law of cure? If not, why say Lachesis and Lycopodium complement or follow each other well, or that Mercury and Silicea, or Apis and Rhus tox. are inimical? So we might introduce other questions of like nature and equally interesting, and upon which even we as homœopathicians are not of unanimous opinion.

For fear of being tedious we will close. Some, no doubt, are settled in their mind upon all these questions. It were well if all were equally so. With all our differences of opinion, I am quite sure that we are fully as near together as those belonging to the dominant school.

For myself, being fully persuaded that our law of cure rests upon the firm basis of the natural law, and is therefore God's law, in the words of Irving in Knickerbocker: I do but follow the example of our ingenious neighbors of Connecticut, who, at their first settlement, proclaimed that the colony should be governed by the laws of God—until they had time to make better.

#### DISCUSSION.

Dr. Carleton.—This able and interesting paper is now before you for discussion, and all are invited to participate. Dr. Nash has suggested to me that the conversational method will be a good one.

“Then why did not Bryonia cure?” Simply because it was not indicated by the totality of the symptoms. Cough, soreness, and stitching pain in the lower third of right chest were not enough. Other remedies have the same symptoms. To warrant the giving of Bryonia there should have existed also these characteristic modalities: worse from motion, especially sitting up; and better from keeping still, especially when lying upon the painful part. In that case, it is safe to say that other Bryonia symptoms existed. But there was a divergence, and careful study was rewarded by finding the true simillimum having all the symp-

toms. The homœopathic physician should ever be on his guard against prescribing for a single symptom or a small part of the case only.

DR. NASH.—Bry. has stitching pains in serous membranes. In conversation with Dr. Fincke the latter said it was questionable whether we should ever depart from the similar remedy and treat the miasm. Thinks if Hahnemann had lived he would have modified his ideas of treatment on an antisyphilitic, antipsoric and antisycotic basis. That the remedy must have the symptoms indicated by the patient. If the remedy does not cover all the symptoms must give an antipsoric remedy to cover psora.

Also that the questions in regard to incompatibles, inimicals, etc., were interesting and would excite discussion; they must sooner or later be settled; there was no exception to the law of cure or it ceased to be law.

DR. RUSHMORE.—Is Hahnemann responsible for the statement, give Sulph. if the indicated remedy does not act?

DR. SMITH.—Hahnemann said if we looked closely into the case we would see symptoms we at first failed to observe. He gave a reason for antipsorics, and never made a statement without a reason for it.

DR. NASH.—Did he not offer Sulph. as an antipsoric?

DR. SMITH.—Not for superficial symptoms. We should look deeper. Dunham gave Mezereum for scald head on one or two symptoms either from Hahnemann's teaching or had rediscovered it for himself. Hahnemann pointed out the remedies for cholera from his knowledge of previous epidemics.

DR. NASH.—Hahnemann offered a list of antipsoric remedies for psoric conditions. Give the antipsoric remedy covering the case.

DR. RUSHMORE.—Does not Sulph. stir up the reactive powers of the system?

DR. NASH.—Psorinum, lycop., laurocerasus and several other antipsorics may also do that. How shall we choose the one right remedy from among them, but by the same law that controls all right prescribing. Antipsoric or non-antipsoric, the symptoms all together must still decide.

DR. CARLETON.—Some of us remember the discussions that have taken place in recent years, in this and other societies, as to giving Sulphur or Phosphorus when apparently indicated in cases of phthisis. Most of the old practitioners maintained that these drugs should not be given, as they would precipitate the suppurative process and hasten a fatal termination. At length Dr. Haynes gave a reasonable explanation of this, fortified with clinical experience. It was that disaster followed such practice, only when the drugs in question were but imperfectly indicated, especially with reference to the mental symptoms—the most important of all. When all the symptoms were similar, good results followed.

DR. NASH.—I cannot see how it could be otherwise. Had a case of phthisis in which Phos. was indicated. Lippe advised me not to give it. The symptoms called so strongly for it that it was given with benefit. If the remedy is indicated give it.

DR. RUSHMORE.—So conscientious a prescriber would not have overlooked the mental symptoms.

DR. BAYLIES.—Have given Sulph. and Phos. high when needed. If the mental symptoms are not confirmed by the subjective symptoms, would find it difficult to prescribe. Give the remedy homœopathic to the case and not because it is an antipsoric. Had a case of suppressed gonorrhœa from allopathic hands. Had been suppressed for half a dozen years by injections, etc. Suffered from neuralgia, ischialgia, sciatica, and pain was chiefly in right side. A little clear mucus came from urethra. On passing bougie contraction not marked. Urine was diverging and spattering. Thuja was indicated and helped for a while. Sciatica improved to some extent, but there was still pain of a persistent character. Previous to treatment had been troubled with an offensive foot sweat. The Brooklyn Society having proved the X-ray gave it to him in hopes of reproducing discharge. Gave cm. potency, 4 powders, one daily. Discharge became milky and ceased after a few days. X-ray brought back foot sweat and generally miserable feeling. Had dreams from Thuja. During the past few months has had sudden explosive feelings in head waking from sleep. Has had several during the last few days. Gave X-ray with the hope it would repro-

duce gonorrhœa, as it has a tendency to cause neuralgias and supurations.

DR. NASH.—Has the society had any experience with the inimicals—Rhus after Apis, Mercury after Silica?

DR. RUSHMORE.—Does not give because advised not to do so.

DR. CARLETON.—Who is responsible for the *dictum*? It seems to be a tradition in our school. The veterans made remarkable cures. They generally avoided a succession of the alleged inimicals. I have tried to do the same, but occasionally have transgressed the rule, that is, have sometimes let Apis and Rhus, Causticum and Phosphorus follow each other. So far there has been no disaster in consequence, but I feel uncomfortable when the medicines are working. What I wish to know is, who is the authority? It has also been a matter of importance to me to note the succession of mineral, vegetable and animal remedies.

DR. RUSHMORE.—I have been tempted to transgress the rule, but did not dare to do so.

DR. SMITH.—Symptoms and *dicta* from the Symptomen Codex of Charles Julius Hempel and John S. Gray are not reliable. They were not close observers, and their literature is full of statements that are not true. They reported cures before the patients were well. Do you pay any attention to temperaments?

DR. NASH.—Yes, I do.

DR. SMITH.—I had a patient with a Puls. temperament who could not take Puls. in any strength. We find men who have not a Puls. temperament and yet Puls. helps.

DR. NASH.—If present, Puls. will generally help. Puls. temperament will develop Puls. symptoms.

DR. SMITH.—Every case brings out Puls. symptoms if Puls. is indicated, the same as the Rhus patient brings out symptoms.

DR. BAYLIES.—Does anyone favor the rotation of Acon., Hep. and Spong. invariably for croup?

DR. SMITH.—Dr. Wells gave Acon., usually followed by Hep. If they do not cure, Spong may be of benefit.

DR. CARLETON.—The famous five powders of Bönninghausen were once the subject of discussion by our County Society. They were Aconite, Spongia, Hepar, Spongia, Hepar, given in the order named, as is well-known. Someone was trying to quote Bönninghausen as an authority for alternating remedies.

Dunham, who had been intimate with Bönninghausen and knew all about the five powders, stated that he never prescribed them when he could see the patient. It was only when the patient lived at a distance, and the symptoms were unknown, that he sent the five powders.

DR. SMITH.—Probably in epidemics of croup may be called for. Dr. Wells said at a meeting of the Institute in Brooklyn he gave 3 globules of the 200.

DR. NASH.—Never tell the name of drug to patients. Say it is a new remedy and must wait to see how it will work. When reminded, forget it. Some patients are so opposed to Mercury that they go away if informed they are taking it. When you get the symptoms in croup prescribe on the symptoms. Dr. Gwin says Acon. cures nineteen out of twenty cases of croup if there is fever.

DR. BAYLIES.—Hering says that symptoms that appear latest in provings are most valuable; therefore, should have statement of time when symptom appeared.

DR. NASH.—Had a patient who suffered from retention of urine. Was chagrined to find I could not pass catheter after several ineffectual attempts to do so. Patient could not lie down, and complained of fulness in region of bladder. Had no other symptoms. Gave Puls. 30, one powder, dry. Said I would return in three hours with another instrument. Returned to find patient lying down and feeling comfortable. Said he had passed urine freely an hour after taking medicine. Next month experienced the same difficulty and was promptly relieved by same medicine.

DR. SMITH.—Had a patient with chills running down the back. Gave Cina 200 and cured. Heard symptom from Dunham. Not in *Materia Medica*.

DR. BAYLIES.—Was called in consultation for a case of general tetanus and trismus. Angustura 200 was given. Pupils unequal. A year or two before Caust. relieved a stiff neck. Gave Caust. Was stiff and straight as timber. Slight opisthotonus. Recently gave Calc. for symptoms of indigestion. Next day an eruption appeared, the papules extending even into the hair. Was still rigid, but a profuse sweat broke out. Improvement continued.

DR. NASH.—A case of dropsy, the result of valvular heart

trouble, was diagnosed by Da Costa as incurable. Lippe cured the case. When the patient returned to Da Costa and said he had been cured by a homœopathist the latter said it was a mistake in diagnosis.

E. C. D. O'BRIEN, M. D.,  
Sec'y *Pro Tcm.*

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### A CASE OF DOUBLE PNEUMONIA WITH COMPLICATIONS.

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LYDIA W. STOKES, M. D., H. M., Philadelphia, Pa.

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On Nov. 26, 1898, Miss D. had what seemed to be an *Allium cepa* cold; eyes and nose red and sore from the burning, watery discharges, sneezing and laryngeal cough. The next day at noon I found my patient breathing short and fast, suppressing the cough because of the pain it caused, and suffering with severe pain under the scapulæ—much worse from breathing and moving. She lay quietly in bed, had frontal headache, and her face was rosy and covered with pimples. Her temperature in the axilla was normal, pulse 80 and full. I prescribed *Bry. 1m*, and expected it to relieve the patient promptly; but in the evening I was sent for as the pain was even worse, the cough hoarse and smothered, the breathing very distressing, the patient tossing head and arms wildly about in her effort to get air. The temperature had risen to 101.2°, pulse was weak and rapid, eruption had receded, but face was still flushed; very soon she was unconscious, hands rigid and bluish, and it was evident that paralysis of the lungs was fast approaching. Sulphur 2c was given in water, and the effect was magical. Sleep came, with quieter breathing, until the noisy rasping, and the patient seemed for a time to scarcely breathe at all. Then she started up in mild delirium, but soon calmed down, though talking at random off and on all night, and grasping at a glass of milk or water as if in a frenzy for something cold.

A few doses of *Phosphorus 2c* carried the patient along for two days—dropping pulse, temperature and respirations to normal,

bringing the the eruption out freely on the face, back and chest, relieving the cough and soreness of the lungs. But there was paralysis of the sphincters and of the vocal cords all the time again Sulphur seemed the remedy, and a dose of the 1,000th relieved the bladder in a few hours and improved other symptoms except the aphonia and the constipation.

About this time I was able to gather the following history: Miss D. had diphtheria two years ago at the Municipal Hospital; feet and legs were paralyzed, hypodermics of antitoxin were used, causing abscesses on the thigh, which necessitated "scraping of the bone." She had been in wretched health for weeks, eating next to nothing and working very hard and late.

Now she complains of numb feelings here and there, feet feel paralyzed, hands stiffen during sleep as on the first night, all < after sleep, cannot endure least weight of bed covers or any touch on chest or throat, feels smothered. Shortness of breath marked.

R. ovarian pain and sensitiveness < every evening.

R. face most broken out and blotchy.

Aphonia continues, can only whisper feebly.

On Dec. 9th I decided to give Lachesis 41m, and the result was all that could be desired. In two days my patient was up and dressed, in four days she could speak aloud and soon had her natural voice, good appetite and regular bowels, and on the 21st she went to the country entirely well.

## CLINICAL CASE.

E. W. BERRIDGE, M. D., London, England.

A dog caught cold from the recent cold weather with cold winds. He had cough and his bark was hoarse. He had been ill about 24 hours. I noticed he frequently panted with his tongue hanging out, just as dogs naturally do in hot weather; and at the same time he continually *darted his tongue out and then retracted it*. About 8 p. m. I gave him a dose of *Lachesis* cm. (F. C.) on a piece of meat. In a few minutes he was much



better, and by 10 p. m. the tongue symptoms had almost disappeared. Next morning he was quite well.

As there can be nothing in the c.m. potency, it is obvious to every rightly trained "scientific" mind that the dog's *faith* saved him! Perhaps the (un)Christian Scientists may be able to supply a satisfactory explanation!

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PERSONALS.

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Many subscribers are in arrear for Vol. II. It will be taken for granted they do not want Vol. III. if they remain silent.

DR. KENT'S REPERTORY. The tenth fascicle, *Extremities*, is now ready for delivery. This fascicle, consisting of 250 pages, is the largest in the Repertory, and might really be called a Monograph on Rheumatism, as the rubric "Pain" alone covers 110 pages. There are but two more fascicles requisite to complete the Repertory, XI., *Sleep, Fever and Skin*, and XII., *Generalities*. It is now estimated that the work will contain 1400 pages, 1166 pages being already printed, and that the last fascicle will be issued in April.

CORRECTION.—I notice among the "Personals" in the February number of your excellent journal, you state that I have removed to Oak Park, Ill. This is an error. My residence is Oak Park and it has not been changed. My office is still 809 Columbus Memorial Building, Chicago. I do not contemplate removal.

Yours respectfully,

JOHN STORER.

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